

C. W. Bowler A.
W. Bowler III.

W. H. ELLETT.

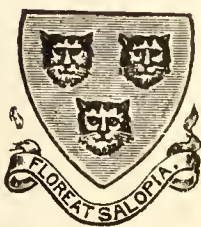
Borough of Shrewsbury.



REPORT
OF THE
Medical Officer of Health
FOR THE YEAR
1936
A. D. SYMONS, M.D., D.P.H.

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Borough of Shrewsbury.



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A. D. SYMONS, M.D., D.P.H.

BOROUGH OF SHREWSBURY

THE PUBLIC HEALTH COMMITTEE.

Mr. Alderman ADAMS.*† (Chairman).

Alderman Mrs. COCK.*	Mr. Councillor LEA.
Mr. Alderman BIRCH*†	„ „ MONEY.
„ „ PERKS.	„ „ RÔBIN.
„ „ SMOUT.*†	„ „ TILLING.
Mr. Councillor BENNETT.	„ „ TIPTON.
„ „ HUGHES.	„ „ URWICK.

THE MATERNITY and CHILD WELFARE SUB-COMMITTEE.

Mr. Alderman ADAMS (Chairman).

Alderman Mrs. COCK.	Mr. Councillor BENNETT.
Mr. Alderman PERKS.	„ „ LEA.
„ „ SMOUT.	„ „ MONEY.
„ „ WITHERS.	„ „ RÔBIN.
	„ „ TILLING.
Mrs. ALLEN.	Miss E. DOUCE.
Miss M. BROMLEY.	Mrs. GALE.
MARGARET LADY LEIGHTON.	

THE SHREWSBURY and ATCHAM JOINT HOSPITAL BOARD.

Mr. Alderman ADAMS (Chairman).

THE MAYOR (Mr. Alderman Beddard) *ex-officio*.

Alderman Mrs. COCK.	Mr. Councillor ELLIS JONES.*
Mr. Alderman BIRCH.	„ „ MONEY.
„ „ T. COOPER.	„ „ SIMPSON.
„ „ SMOUT.	„ „ URWICK.
J. B. BAKER, Esq.	T. KYNASTON, Esq. (Vice-Chairman).
W. BEBBINGTON, Esq.	T. JONES, Esq.

* Also members of the Housing Acts Committee of which Mr. Alderman MANSELL is Chairman, together with Councillors BURDASS, COOPER, COX, MOORE DARLING, FRANCE, PERKS and RICHARDS.

† Members of the Housing Tenancies Sub-Committee of which Mr. Alderman ADAMS is Chairman, together with Mr. Alderman MANSELL and Mr. Councillor BURDASS.

STAFF OF THE PUBLIC HEALTH DEPARTMENT.

Medical Officer of Health.	{	† A. D. SYMONS, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
School Medical Officer.		
Medical Officer for Maternity and Child Welfare.		
Medical Superintendent of Small- pox and Isolation Hospitals.		
Sanitary Inspectors :	{	§*† NORMAN HANCOCK, M.S.I.A.. §† L. N. GREGORY. (Commenced duties Jan. 1936). §† A. L. HARRIS. (Commenced duties June, 1936).
Housing Inspector :		§* A. F. WARD.
Health Visitors :	{	† Miss W. KYD-AITKEN, C.M.B. † Miss M. E. OWEN, C.M.B.
Health Visitor and School Nurse :		† Miss E. L. HUGHES, C.M.B.
School Nurse :		† Miss M. WILLIAMS.
Matron of Isolation Hospital :		Miss A. K. ELLIS.
Chief Clerk and Laboratory Assistant :		† G. NICHOLAS.
Assistant Clerks :	{	† Miss F. C. PUDDLE † C. T. MABBOTT H. H. W. GLOVER (Commenced duties Jan. 1936).
Abattoir Superintendent and Meat Inspector :		* FRANK FARRELL.

PART TIME OFFICERS.

Medical Officer of Ante-Natal Clinic, Obstetric Consultant and Consultant for Puer- peral Fever, etc.	{	A. SIMPSON, M.B., Ch.B., F.R.C.S.E.
Dental Officer Maternity and Child Welfare :		C. LYTH HUDSON, L.D.S.
Sampling Officer :		W. C. HEAS.
Meteorological Observer :		H. A. HOWE.
Public Analyst :		HAROLD LOWE, M.Sc., F.I.C.

* Qualified Meat Inspectors.

† Contribution towards salary made under Public Health Acts
or by Exchequer grants.

§ Qualified Sanitary Inspectors.

HEALTH CENTRE,
MURIVANCE,
SHREWSBURY,

May, 1937.

*To the Mayor, Aldermen and Councillors of the
Borough of Shrewsbury.*

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the health of the Borough during the year 1936.

If it can be admitted, as I think it may, that climatic conditions even in this temperate locality, may be reflected in the death returns when no other outstanding cause may be held responsible, the highest death rate for very many years is the legacy of 1936.

There were virtually one hundred more deaths in 1936 than in 1935, the first quarter of the year taking a heavy toll.

On the brighter side of things it is somewhat satisfactory to note that the birth rate has again increased and at 15 per 1,000 population has almost equalled the birth rate of 1931.

The Infant Mortality Rate too is also low when compared with the rest of the country, being a rate of 46 in comparison with a rate of 31 in 1935 which was the lowest ever recorded in Shrewsbury.

The increasing social services mainly for the benefit of the young do not leave the old untouched and though the share of the latter may not be large, the increasing expectation of life is some indication that altered circumstances as well as altered habits of living are having some effect on the health of the whole community.

The commencement of a new reign will happen to coincide with a national effort directed by the Government to secure an increase of physical fitness.

In times gone by in this country mankind was taught not only to place soul always before body, but also to leave the body out of the reckoning when valuing the quality of human beings. The body was vulgar—it was unbecoming for modest maidens to have a hearty appetite, it was shocking for them to bathe in public without stockings and mention of the calls of nature was made with bated breath and blushings.

Moral depravity is still stigmatised. About physiological depravity however the world is frivolously indifferent. There is no such thing as a guilty conscience about bodily depravity, but only concerning the soul or morals.

Thousands of people of both sexes complacently face their daily tasks, cheerfully according to their conceived standards of fitness, though their already ill treated bodies bear witness as, on rising, they swallow their salts and fit in their false teeth, that this conceived standard is one of subnormality.

Gross fatness though not always due to greed is hailed as the outward sign of a good fellow ; it is the goal which mothers aim at for their babies. But not for themselves. The present cult of slimming by women is not endured primarily on the grounds of physiological perfection, but because it is the fashion or because it may help to create that cinema coined phrase of "Sex appeal".

We are about to enter an era, ushered in partly through fear, in which nutrition and bodily fitness are to claim attention and be respected, but those who sponsor this crusade have no pagan wish to starve the soul.

Religion and the moral codes are on their trial, the outcome being in doubt, but, sick in body and in soul, the former in many cases because of the latter, there may be thousands or hundreds of thousands whose peace of mind and ease of body might be secured if a re-orientation of religion could embrace a creed which is a blend of the flesh and the spirit.

The Archbishop of Canterbury's recall to religion, if combined with the Government's call for national fitness, might bring about a happier and a healthier people who might be brought to realise that their duties to themselves, and to the State are of more importance than their supposed individual rights.

To those of us who may be more concerned with the physical rather than the spiritual side of human well-being, playing fields and recreational facilities must only be regarded as palliatives for the present, whereas what is really required is fundamental planning in connection with our system of education so that the youth of the near future will have better ideas and greater incentives to acquire all round fitness and to retain it. The raising of the school leaving age will present an opportunity towards this end. Biology, elementary physiology, domestic science, cooking, games, physical exercises and sport generally, all require to be taught to senior children and to be so linked up that they can grasp the elements concerning their bodily functions which these matters subserve.

A desire for fitness acquired in the moulding process of an enlightened modern type of education is likely to be carried away as a conscientious duty on leaving school and if, now, we set about providing facilities for sports of all kinds, their interest and enthusiasm will be encouraged during that adolescent period after school days are over.

And, if the Churches will co-operate by broadminded tolerance and the banishment of prudery, they should countenance and not oppose the use of recreation grounds all day on Sundays without restriction, and the playing of games in costumes that, though scanty, are decent, and have not to be worn merely to conform to some stuffy convention. The more that light can penetrate and air can circulate around the human skin during the process of physical recreation, the more exhilarating is the activity made and the greater the benefit to the general health.

In this scheme for fitness, physical recreation or culture is only one side of the picture, adequate rest and proper nutrition being also included.

We have recently heard of the experiments made with rejected Army Recruits taken on experimentally for a temporary period and who under hygienic conditions, with proper food, sufficient rest and graduated exercise, put on weight, filled out, straightened up and became normal specimens. This illustrates what can be done and what could be done by many others if they had the means, the facilities and the will to try.

If the Government's scheme for Nutrition and Physical Culture established on voluntary and non-coercive lines fails, as fail it may, owing to lack of interest, there may be no alternative if we wish to retain our national prestige, but for some form of compulsion.

With all these outside interests and with women demanding quite naturally, less drudgery for themselves in the home, home as we know it or have known it is becoming only a dormitory and it is more than likely that community feeding centres attached to Housing Estates will be sponsored by a Government to come as a solution to the problem of nutrition.

At such centres, expectant and nursing mothers, as well as young children, may be provided with well balanced meals, whilst the elder children will have theirs at school. In this way those who cannot afford or know not how to nourish themselves properly may receive free meals, whilst those who can afford, but will not take the trouble, will pay and be glad to do so. It may be foolish to try and prophesy on such matters, but by the way the wind is blowing and if it does not veer right round, it is fairly evident that the price of our supposed freedom as individuals is costly if it means that pride of self as well as pride of race continue to be secondary considerations.

I have once more to thank more particularly those members of the Council with whom I am brought into contact in my various capacities, as well as my brother officials and the members of my Staff whose loyalty and help are much appreciated.

I have the honour to be,

Your obedient Servant,

A. D. SYMONS.

GENERAL STATISTICS, 1936.

Rateable value of the Borough	...	...	...	£274,347
Sum represented by a Penny Rate	...	...	...	£1,070
Area of the Borough (excluding water) in acres	...			8,034
Population (Registrar General's estimate middle of 1936)	1	...	...	37,490
Persons per acre calculated on above population	...			4.6
Inhabited houses (December 31st, 1936)	...	...	...	10,065
	MALE.		FEMALE.	
Live Births	{ Legitimate	271	272	} Total 564
	{ Illegitimate	7	14	
BIRTH RATE	...	...	...	15.0
Still Births	{ legitimate	9	6	} Total 20
	{ illegitimate	0	5	
Still Birth Rate per 1,000 Total Births	...	...	...	34.2
Deaths	...	...	...	488
DEATH RATE	{ Crude...	...	...	13.0
	{ Comparable	...	...	12.3
Deaths from Puerperal Sepsis	..	...	...	1
„ „ other Puerperal causes	...	...	...	3
MATERNAL MORTALITY per 1,000 Total Births				
		(live and still)		6.8
INFANT MORTALITY RATE	...	...	...	46.0
Legitimate Infant Mortality Rate	...	...	...	46.0
Illegitimate „ „ „	...	...	...	47.6
Deaths from Cancer (all ages)	...	...	...	76
„ „ Measles (all ages)	...	..		3
„ „ Whooping Cough (all ages)	...	...	...	2
„ „ Diarrhoea, etc. (under 2 years of age)	...		...	2

WEATHER CONDITIONS.

Daily meteorological observations are made at the climatological station situated at Monkmoor Isolation Hospital. The readings are not only posted up daily outside the Health Centre, but are telegraphed to London each evening for issue to the daily press on the following day.

The year 1936 was distinguished by a marked deficiency of sunshine and may be described as a dull and rather wet year.

Rainfall. The total rainfall amounted to 27.32 inches, compared with 27.26 inches the year before and with 21.6 and 20.58 inches in 1934 and 1933 respectively. The rainfall for the year was above the average.

The number of days on which measurable rain fell was 199.

The greatest fall of rain in one day was 1.08 inches on September 25th.

Sunshine. The number of hours of bright sunshine recorded was 1135.8. This is considerably below the average of recent years as shown by comparison as follows :

Year.		Hours of Sunshine.	Year.		Hours of Sunshine.
1930	...	1310	1933	...	1428
1931	...	1286	1934	...	1359
1932	...	1145	1935	...	1469

The sunniest day was August 23rd, when 13.1 hours were registered.

April was the sunniest month with an aggregate of 159.4 hours and a daily mean of 5.31 hours.

Temperatures. Extremes of temperatures during the year may be classified as follows.

	Temperature.					
Warmest Day (Highest Maximum) June 19, 20, and August 29	81°
Warmest Night (Highest Minimum) June 20, Sept. 2, 3 and 12	60°
Coldest Day (Lowest Maximum) Jan. 14, 15 and 16, Nov. 21	32°
Coldest Night (Lowest Minimum) Jan. 19	11°

The Meteorological Observer (Mr. H. A. Howe) is to be congratulated on the accuracy of his work in that none of his readings or sunshine calculations submitted daily to the Air Ministry were queried during the year.

The Station was inspected by an Air Ministry Inspector during the year, the report received being in all respects satisfactory.

A monthly summary of the readings taken is set out in the following table.

Weather Statistics. Shrewsbury 1936.

Month. 1936.	Barometer in Inches.	AIR TEMPERATURE IN SHADE.				Hottest Day in Sun.	SUNSHINE IN HOURS.		RAINFALL IN INCHES.		
		Mean Maximum.	Highest Maximum and Date.	Mean Minimum.	Lowest Minimum and Date.		Mean Daily Means.	Total Hours.	No. of Raining Days.	Greatest Fall in one Day.	Total Rainfall.
January	29.526	43.0	54° on 9th	31.4	11° on 19th	83° on 28th	6.3 on 17th	38.1	23	0.43 on 9th and 31st	3.13
February	29.712	42.1	54° on 18th	30.2	15° on 13th	93° on 18th	7.5 on 20th	71.5	13	0.32 on 17th	1.79
March	29.819	50.1	60° on 23rd	38.2	24° on 4th	106° on 31st	7.4 on 30th	52.9	18	0.44 on 23rd	1.68
April	29.998	50.5	65° on 28th	35.2	26° on 8th and 23rd	108° on 27th	12.6 on 18th	159.4	14	0.47 on 1st	1.50
May	30.043	61.1	75° on 11th	43.2	32° on 1st and 31st	116° on 18th	12.0 on 2nd	128.9	10	0.56 on 16th	1.03
June	29.993	66.3	81° on 19th and 20th	49.9	34° on 1st	123° on 24th	11.1 on 25th	134.0	17	0.95 on 21st	2.79
July	29.781	66.1	71° on 4th and 5th	52.6	43° on 30th	125° on 3rd	12.5 on 8th	118.9	24	0.75 on 2nd	3.47
August	30.096	69.9	81° on 29th	52.0	41° on 8th 23rd and 28th	128° on 29th	13.1 on 23rd	153.0	10	0.23 on 1st	0.55
September	30.011	64.7	72° on 22nd	44.9	32° on 29th and 30th	115° on 13th	9.5 on 13th	90.4	18	1.08 on 25th	4.02
October	30.090	50.5	63° on 15th and 30th	38.5	25° on 8th	102° on 15th	9.0 on 3rd	94.0	13	0.81 on 30th	1.87
November	29.895	47.9	58° on 17th	35.4	24° on 28th	94° on 9th	4.6 on 5th	38.0	20	0.64 on 11th	2.96
December	30.025	48.3	58° on 17th	36.5	26° on 7th	82° on 21st	6.4 on 7th	56.7	19	0.54 on 13th	2.5
								1135.8	199		27.3

POPULATION.

The Registrar General's estimate of the population of Shrewsbury at the middle of 1936 was 37,490, being a decrease of 10 compared with the estimated population of the previous year.

The live births during the year exceeded the deaths by 76.

Unless the population estimated for 1935 was too high a figure, it is somewhat surprising to find that the Registrar General's estimate for 1936 shows a reduction in view of the fact that the number of inhabited houses at the end of the year 1936 was 444 more than at the corresponding date in 1935, even after making allowance for the fact that some of these "inhabited houses" were unoccupied though inhabitable.

Population figures in Census years together with estimated populations in recent inter censal years are as follows :

YEAR.			POPULATION.
1861	...	...	22,025
1871	...	...	23,406
1881	...	...	26,478
1891	...	...	26,967
1901	...	...	28,395
1911	...	...	29,389
1921	...	...	31,030
1931	...	...	32,372
1932	Estimated		32,990
1933	..	...	33,220
1934	..	...	37,381
1935	..	...	37,500
1936	..	...	37,490

} Extended Borough.

VITAL STATISTICS.

VITAL STATISTICS OF WHOLE DISTRICT DURING 1936 AND PREVIOUS YEARS.

YEAR.	Population (estimated) each year.		BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.		NETT DEATHS BELONGING TO THE DISTRICT.					
			Un-corrected Number.	Nett.			of Non-residents registered in the District.	of Residents not registered in the District.	Under 1 Year of Age.		At all Ages.			
	Birth Rate.	Death Rate.		Number.	Rate.	Number.			Rate.	Number.	Rate.			
												Crude.	Adjusted.	
1926	32760	31960	657	588	18.2	446	13.9	121	35	37	62.9	360	11.2	8.8
1927	32780	32080	642	598	18.2	479	14.9	124	71	26	43	426	13.2	10.4
1928	32510	31870	621	552	16.9	467	14.6	142	67	31	56.1	392	12.3	9.7
1929	32630	31990	603	552	16.9	492	15.4	163	95	28	50.7	424	13.2	10.4
1930	33000	32530	579	538	16.3	412	12.9	131	87	42	78	368	11.3	8.8
1931	32680	32100	566	501	15.3	488	15.2	169	93	30	60	412	12.8	12.2
1932	32990		539	481	14.5	439	13.3	143	88	22	45	384	11.6	11.1
1933	33220		572	498	14.9	462	13.9	162	105	22	44	405	12.2	11.7
1934	36316		536	467	12.8	572	15.7	209	96	35	75	459	12.6	11.9
1935	37500		542	519	13.8	545	14.5	223	67	16	31	389	10.4	9.7
1936	37490		564	564	15.0	590	15.7	211	109	26	46	488	13.0	12.3

BIRTHS.

The number of live births was 564 compared with 519 and 467 in the previous years respectively.

The birth rate for the year was 15.0 compared with 13.8 and 12.8 in 1935 and 1934 respectively.

The birth rates of grouped localities and the country as a whole were as follows.

				BIRTH RATES.	
				per 1,000 population.	
				Live Births.	Stillbirths.
England and Wales	...	...	...	14.8	0.61
122 Great Towns (including London)	...	...	...	14.9	0.67
143 Smaller Towns (population					
25,000—50,000)	...	...	...	15.0	0.64
London	...	...	...	13.6	0.53
SHREWSBURY	...	...	...	15.0	0.53

The manner in which the notification of births was made is set out as follows :—

Doctor.	Midwife, or Maternity Nurse.	Registrar	Total
9	573	9	591

The 564 live births may be analysed as follows :—

	Legitimate.	Illegitimate.	
Male ...	271	7 =	278
Female ...	272	14 =	286
			} 564

Illegitimate Births.

There were 21 illegitimate live births compared with 28 in the previous year.

The illegitimate birth rate was 0.56 per 1,000 population, the illegitimate births being a percentage of 3.7 of the total live births.

Stillbirths.

There were 20 stillbirths compared with 23 in the previous year.

The stillbirth rate per 1,000 total population was 0.53, the stillbirths being a percentage of 3.4 of the total births.

Of the 20 stillbirths, 9 were males and 11 females. The male stillbirths were all legitimate whereas 5 of the female stillbirths were illegitimate.

DEATHS.

The total number of deaths during the year was 488, as compared with 389 in the previous year.

Of the 488 deaths, 257 were males and 231 females.

The crude death rate was 13.0 per 1,000 population compared with 10.4, 12.6 and 12.2 in the preceding years respectively.

Applying the Area Comparability Factor supplied by the Registrar General in order to adjust Shrewsbury's death rate so that it may be compared with the death rate of other areas, the adjusted death rate works out at 12.3 per 1,000 population.

This adjusted death rate compares as follows:—

	DEATH RATE 1936.				
England and Wales	12.1
122 Great Towns (including London)	12.3
143 Smaller Towns (Pop. 25,000—50,000)	11.5
London	12.5
SHREWSBURY	12.3

There were virtually 100 more deaths than in the previous year and although the number of deaths and the death rate are the highest for very many years, there is no special reason to account for it.

The comparatively sunless summer followed by a wet autumn may have had debilitating effects for us all and those well on in years not having the same resistance to adverse climatic conditions would be more likely to suffer illness or die.

There was an increase in the death rates from Bronchitis, Pneumonia, and other Respiratory Diseases as well as from Nephritis.

In addition, though not necessarily attributable to any particular factor except age, there was an increase in deaths from Heart Disease, Senility and Cancer.

There were 21 deaths from Violence and 4 from Suicide, compared with 8 deaths and 5 deaths respectively in the previous year.

The deaths in the respective quarters of the year were as follows:—

1st Quarter	...	...	...	173 deaths.
2nd	„	...	...	114 „
3rd	„	...	...	98 „
4th	„	...	...	103 „

52.4% of deaths occurred among persons aged 65 years or over.

CAUSES OF AND AGES AT DEATH DURING THE YEAR 1936.

[illegible]

INFANT MORTALITY.

The number of deaths of Infants under one year of age was 26, compared with 16 in the previous year.

The Infant Mortality Rate was 46 per 1,000 live births compared with a rate of 31 in the previous year, which was the lowest Infant Mortality Rate ever recorded in Shrewsbury.

The Infant Mortality Rate in a small town tends to fluctuate somewhat widely as the result of a few more or a few less deaths in one year than in another. It is quite satisfactory to note, therefore, that despite an increased birth rate, the Infant Mortality Rate, though higher, is well below the average for the country as a whole.

The Infant Mortality Rates elsewhere in comparison with Shrewsbury are as follows:—

INFANT MORTALITY RATE 1936.				
England and Wales	...	...	...	59
122 Great Towns (including London)				63
143 Smaller Towns (Pop. 25,000—50,000)				55
London	...	...	...	66
SHREWSBURY	...	...	...	46

The accompanying table shows the causes of deaths of Infants, and the age at death.

INFANT MORTALITY—1936.

Net Deaths from stated causes at various ages under 1 year of age.

CAUSES OF DEATH.				Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 1 month	1 month and under 3 months	3 months and under 6 months	6 months and under 9 months	9 months and under 12 months	Total deaths under 1 year
Congenital Causes	No.												
		Prematurity ...	...	6	1	—	—	7	—	—	—	—	7
		Birth Injury ...	...	1	—	—	—	1	—	—	—	—	1
		Hydrocephalus ...	...	1	—	—	—	1	—	—	—	—	1
	14	Melaena Neonatorum ...	...	3	—	—	—	3	—	—	—	—	3
Respiratory		Debility ...	...	2	—	—	—	2	—	—	—	—	2
	4	Broncho-Pneumonia ...	...	—	—	—	1	1	1	—	—	—	3
Infectious		Acute Bronchitis ...	...	—	—	—	—	—	—	—	1	—	1
		Whooping Cough ...	...	—	—	—	—	—	—	—	1	—	1
	4	Measles ...	...	—	—	—	—	—	—	—	1	—	1
Gastro-Intestinal		Influenzal Pneumonia ..	...	—	—	1	—	1	—	—	1	—	2
	2	Gastro-Enteritis ...	...	—	1	—	—	1	1	—	—	—	2
Miscellaneous		Pink Disease ...	...	—	—	—	—	—	—	1	—	—	1
	2	Convulsions ...	...	1	—	—	—	1	—	—	—	—	1
TOTALS				14	2	1	1	18	2	2	4	—	26

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

Details concerning the provision of Hospitals, Nursing Services, Clinics, Ambulances and Laboratory facilities were given in the Report for the year 1934.

The position remains practically the same as then.

Two small developments may be mentioned under the heading of Clinics as follows :—

(1) Provision was made for an extra session of the Ante Natal Clinic. Sessions are now held on the 1st, 2nd, 3rd and 4th Wednesdays of each month, two being held at the Health Centre and two at the White House.

(2) A clinic is held on Saturday mornings at which the Medical Officer of Health applies the Schick Test (posterior) to those children who have been immunised against Diphtheria under the Council's Scheme.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply.

The Water Engineer, Mr. W. A. Hewitt, has kindly supplied the following notes on the Shelton Water Supply covering the first full year's experience of the new water scheme.

"The year 1936 covers the first full year's working of the new River Severn water scheme at Shelton which came into operation in August 1935. Various experiments were made during 1935 with a view to deciding on the most effective points at which to apply alumina and chlorine to the water passing through the storage, precipitation and filtration stages. The procedure adopted as a result of these experiments (described last year) has been continued throughout 1936.

Equipment for bacteriological examinations was installed in the laboratory at Shelton in March of this year. Regular bacteriological tests have since been carried out in addition to the periodical examinations made at the Birmingham University laboratory. In all, 160 tests were made at Shelton, (a) as drawn from the river, (b) after preliminary storage, (c) after filtration and (d) the final water as delivered after filtration and chlorination.

In addition to the above, daily examinations are made for colour, turbidity, oxygen absorbed, pH. value, hardness, residual chlorine in the filtered water and, occasionally, albuminoid ammonia.

To tabulate the results of all these examinations would take up too much space. The annexed brief summary of all the above tests indicates the variation in quality of the raw river water throughout the year, and the progressive improvement in quality at each stage, from when the water is drawn from the river, to the final water as delivered to the town.

The ever changing quality of the River Severn water requires constant diligence in the adjustment of all the purification processes. In this respect the facilities for making daily routine tests at Shelton are of the greatest value. When a brilliant, pure water is delivered day by day throughout the year it tends to create an impression that, with modern works, these results are obtained automatically. The truth is that a modern works, or a modern business, does not run automatically ; the results in either case depend on the care and attention given to it by the proprietors. There is only one minor automatic appliance at Shelton, and that takes quite a lot of keeping in order.

The four million gallons storage reservoir is proving to be a valuable aid in preparing and equalizing the quality of the water prior to filtration. The bulk of the suspended matter and impurities is deposited during this stage. In May, each half of this reservoir in turn was emptied and cleaned. It was pleasing to find no signs of algæ formations on the walls or the floor. From observations of the general conditions, an annual spring cleaning of the reservoir should suffice.

During 1937 it is proposed to test a series of samples drawn from consumers taps throughout the district to determine whether the high quality of the water as it leaves Shelton is maintained during its passage through the mains and services".

SHELTON WATER SUPPLY.

Summary of all examinations at Shelton during 1936.

BACTERIOLOGICAL.	Crude river water.	After Storage and Precipitation	After Filtration.	Filtered and chlorinated.
Colony count of bacteria per c.c. at 37° C.	13 to 383	1 to 46	0 to 3	0 to 3 (average less than 1)
Colony count of bacteria per c.c. at 20°C.	246 to 9600	3 to 2000	0 to 533	0 to 8 (average less than 1)
B. Coli varied from being	Present in 1 c.c. to .001 c.c.	Present in 1 c.c. to absent in 100 c.c.	Present in 50 c.c. to absent in 100 c.c.	Absent in 100 c.c. (in all tests)
OTHER EXAMINATIONS.				
Colour (Hazen)	10.9 to 100.8	2.5 to 52.5	2.5 to 13.4	2.5 to 13.4
Turbidity (p.p.m. silica)	3.4 to 340	0.05 to 112	0.05 to 0.4	0.05 to 0.4
pH. value	6.6 to 8.4	6.0 to 7.2	6.0 to 7.2	6.7 to 7.3
Albuminoid Ammonia (p.p. 100,000)	Average .022	—	—	Average .0037
Oxygen absorbed (3 hours at 37° C.)	Average .439	—	Average .051	Average .051
Residual Chlorine in filtered water (p.p.m.)				.05 to .18

p.p.m. = parts per million.

The control exerted and the careful work done in the Laboratory at Shelton by the assistant who regularly makes chemical and bacteriological examinations of the water, created such confidence in the safety of the supply that it was decided after the middle of the year to reduce the number of samples submitted to Birmingham University for bacteriological examination.

In view of the local vigilance and control it has been decided that samples of water need only be submitted once a quarter to the recognised Laboratory at Birmingham University

The results of the samples submitted to Birmingham University during 1936 are set out in the following table.

Samples Submitted to Birmingham University for Bacteriological Examination.

Source of Sample.	Date.	Colony Count of Bacteria per c.c. at		Presumptive Coli-Aerogenes Test.	Remarks.
		37°C.	20°C.		
After Filtration and before chlorination	Jan.	3	2	Absent from 100 c.c.	Both waters free from Streptococci in 50 c.c. and from spores of B. Welchii in 100 c.c.
After Filtration and chlorination		1	2	Ditto.	
After Filtration and before chlorination	Feb.	2	3	Ditto.	Ditto
After Filtration and chlorination		0	2		
After Filtration and before chlorination	March	2	4	Ditto.	Ditto.
After filtration and chlorination		0	2		
After Filtration and before chlorination	April	2	2	Ditto.	Ditto.
After Filtration and chlorination		2	1		
After Filtration and before chlorination	May	4	5	Ditto.	Ditto.
After Filtration and chlorination		2	1		
After Filtration and before chlorination	June	1	4	Ditto.	Streptococci present in 50 c.c. in un-chlorinated sample. Spores of B. Welchii absent from both waters in 100 c.c.
After Filtration and chlorination		1	1		
After Filtration and before chlorination	July	1	2	Ditto.	Both waters free from streptococci in 50 c.c. and from spores of B. Welchii in 100 c.c.
After Filtration and chlorination		2	0		
After Filtration and before chlorination	Aug.	1	4	Ditto.	Ditto.
After Filtration and chlorination		3	1		
After Filtration and before chlorination	Sept.	5	5	Ditto.	Ditto.
After Filtration and chlorination		2	2		
After Filtration and before chlorination	Dec.	1	1	Ditto	Ditto.
After Filtration and chlorination		1	1		
Conduit Water	July	3	5	Ditto.	Ditto.

The consistent excellence of the above results is most gratifying, for it may be noted that in addition to the low bacteria count, organisms indicative of sewage contamination were invariably absent.

The quality of the water also maintains its high standard as regards clarity and the small amount of residual chlorine.

It would be difficult to obtain a more satisfactory water for all purposes taking into account its source and the treatment to which it must be subjected.

With the growth of the town by the erection of new dwelling houses on its outskirts, it happens that neither sewer nor water mains are available to serve certain of such houses, so that recourse has to be made to a private water supply usually from a well sunk on or near the premises.

Powers were obtained from the Ministry of Health by means of a Special Order, known as the Borough of Shrewsbury (Water) Order 1936, made under the terms of the Public Health Water Act 1878.

This Act empowered Rural Sanitary Authorities to require owners of new dwelling houses to obtain a certificate from the Sanitary Authority that the dwelling house was provided, within a reasonable distance, with a supply of wholesome water sufficient for consumption and use for domestic purposes, before such house could be occupied.

This Act did not apply to Urban Sanitary Authorities, but under Section 11 an order might be made investing any Urban Authority with the powers and duties which were given by the Act to Rural Sanitary Authorities.

Application was, therefore, made by the Council under Section 11 of the Act and the Order cited above was made by the Minister of Health.

Drainage and Sewerage and Closet Accommodation.

No extension of sewers took place during the year.

The number of dwelling houses erected during the year with closets not connected to the general sewerage system was 8.

Public Conveniences.

The scheme for the provision of public conveniences for both sexes makes slow progress.

During the year a modern convenience together with washing facilities for both sexes was opened in the Abbey Foregate district. So far its patronage has been meagre.

Property was acquired towards the end of the year in St. Julian's Friars, for conversion into conveniences for both sexes.

The district that still badly needs better provision is Castle Gates.

Public Cleansing.

There has been no alteration in the method of collection and disposal of house refuse.

One controlled tip at Monkmoor is in use.

In an attempt to prevent a prevalent nuisance for pedestrians Bye-laws with respect to the fouling of footpaths by dogs were approved by the Minister of Health and brought into force on June 1st, 1936.

SANITARY INSPECTION OF THE AREA.

At the beginning of the year the Sanitary Inspection staff was increased by the appointment of an additional Inspector, making a total of 3 Sanitary Inspectors and 1 Housing Inspector whose work is confined to Council houses only.

The appointment of this additional Sanitary Inspector was not made solely on the grounds of much extra work involved by the administration of the Housing Act 1935 (Overcrowding), but to augment a staff which was inadequate to deal with increased duties brought about by Borough extension and recent legislation including Housing.

The accompanying figures and tables prepared by the Chief Sanitary Inspector, showing the work done during the year, reveals a considerable increase compared with the previous year.

Inspection work as measured by visits paid has increased from 7,924 visits in 1935 to 11,005 in 1936.

A great part of this increase is due to visits and inspections in connection with overcrowding.

When all the working class houses in the town have been measured up as will be necessary, the full benefit of the additional Inspector will be derived, as more attention to other duties which have had to be somewhat relaxed during concentration on overcrowding work, will be able to be given in the future.

Inspection Work.

Inspection (including re-inspection) of dwelling houses	3328
Visits in connection with Overcrowding	3178
" " " " Verminous premises	56
" " " " Infectious Disease	104
" " " " Re-housing operations	156
Drains Inspected	202
Factories Inspected	65
Workshops " 	191
Workplaces " 	9
Inspections of Milkshops and Dairies	34
" " Cowsheds and Dairy Farms	76
Street work in connection with Milk and Dairies Acts and Orders	67
Inspection of Common Lodging Houses	44
" " Offensive Trade Premises	33
" " Premises used for the preparation and sale of food	30
" " Pigstyes and premises used for keeping animals	53
" in connection with accumulations of manure and other refuse	53
" " " " Cesspools, Sewers and Urinals	34
" " " " Rats and Mice Destruction	3
" of Elementary Schools (Sanitary Survey)	22
" " Tents, Vans, Sheds, etc.	2
" and visits in connection with Shops Acts	98
Observations and visits in connection with Smoke Abate- ment	75
Other visits unclassified, interviews, no access, miscel- laneous, general purpose visits	3092
Total	<u>11005</u>

As a result of these Inspections the following administrative action was taken.

(1) Statutory Notices served	1	affecting	1	premises.
(2) Informal Notices served	174	"	275	"
(3) Letters sent	40	"	65	"
(4) Verbal suggestions	64	"	76	"
<hr/>				
Total	279	notices.	417	premises.

There are 22 notices outstanding at the end of the year, affecting 39 premises.

(5) Prosecutions ... Nil.

The number of complaints received and dealt with during the year was 327.

Details of Sanitary Improvements effected as a result of Inspections made and Notices issued.

Dwellingshouses. (Number affected 233).

Roofs repaired and made weatherproof	...	...	65
Rainwater gutters repaired or renewed	...	...	36
" downspouts " " "	...	...	23
External walls repaired	...	...	40
Chimney stacks repaired	...	...	18
Wall plaster	...	...	80
Ceiling " "	...	...	45
Dirty walls cleansed	...	...	31
" ceilings " "	...	...	19
Floors repaired	...	...	78
Skirting boards repaired or renewed	...	...	4
Hearths repaired or made good	...	...	3
Fireranges and fire grates repaired or renewed	...	...	56
Ovens (only) repaired or renewed	...	...	5
Window frames repaired	...	...	65
Windows made to open	...	...	22
Window fasteners renewed	...	...	7
Window cords " "	...	...	58

Doors repaired or renewed	...	...	...	...	34
Stairs repaired or renewed	...	...	...	...	12
Inadequate lighting improved	...	...	...	...	6
„ ventilation „	...	...	...	...	4
Ventilated foodstores provided	...	...	...	...	10
Deficient water supply remedied	...	...	...	...	25
Dampness remedied	...	...	...	...	5
Sinks provided (where absent)	...	...	...	...	1
Worn and defective sinks renewed	...	...	...	...	17
Sink waste pipes repaired or renewed	...	...	...	...	23
Washing accommodation provided (where absent)	...	...	...	...	2
Washing boilers repaired	...	...	...	...	15
Inadequate paving or drainage of courts, yards and passages remedied	...	...	...	...	22
Paving of yards repaired	...	...	...	...	13

Water Closets. (Number affected 85).

Roofs repaired	...	...	...	...	17
Walls „	...	...	...	...	22
Floors „	...	...	...	...	8
Basins renewed	...	...	...	...	20
Connections repaired	...	...	...	...	11
Flushing apparatus repaired	...	...	...	...	28
Doors repaired or renewed	...	...	...	...	11
Seats „ „ „	...	...	...	...	15
Proper water supply provided	...	...	...	...	16
„ light or ventilation provided	...	...	...	...	2
Additional water closets provided	...	...	...	...	5
Conversion of privy closets to water closets	...	...	...	...	2

Drainage.

New drains constructed	...	...	...	...	8
Existing drains reconstructed	...	...	...	...	6
Defective drains repaired	...	...	...	...	26
Drains disconnected from sewer	...	...	...	...	5
Inspection chambers provided	...	...	...	...	8
Drains ventilated	...	...	...	...	1
Choked drains cleansed	...	...	...	...	62
Self-cleansing gulleys provided	...	...	...	...	1
Cesspools cleansed or repaired	...	...	...	...	3

Storage of Refuse.

Accumulations of refuse removed	...	...	...	16
Defective dustbins renewed	...	...	...	26
Dustbins provided on absence of proper refuse receptacles	...	...	...	72
Ashpits abolished	...	...	...	4

Keeping of Animals.

Accumulations of manure removed or controlled	...	3
Conditions remedied where animals and fowls were improperly kept	...	3
Conditions remedied where pigs and pigstyes were improperly kept	...	9

Miscellaneous.

Offensive ditches cleansed	...	2
Improvement of Sanitary condition of Milkshops, Dairies and Cowsheds	...	4
Improvement of Sanitary condition of Offensive Trade premises	...	4
Other matters remedied	...	78

SANITARY INSPECTION OF FACTORIES, WORKSHOPS and WORKPLACES.

1. Factories, Workshops and Workplaces, etc.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
FACTORIES (including Factory Laundries)	65	2	Nil.
WORKSHOPS (including Workshop Laundries)	191	2	Nil.
WORKPLACES	9	—	Nil.
Total	265	4	Nil.

2. Defects found in Factories, Workshops and Workplaces.

PARTICULARS.	Found.	Remedied	Referred to H.M. Inspector.	Number of Prosecutions.
Nuisances under the Public Health Acts :—				
Want of Cleanliness	3	3	—	—
Want of Ventilation	—	—	—	—
Overcrowding	—	—	—	—
Want of Drainage of floors	—	—	—	—
Other Nuisances	2	2	—	—
Sanitary Accommodation {	insufficient	1	—	—
	unsuitable or			
	defective	6	6	—
	not separate for sexes	—	—	—
Offences under the Factory and Workshop Act :—				
Illegal occupation of underground Bake- house (Sec. 101)	—	—	—	—
Breach of Special Sanitary requirements for Bakehouses (Secs. 97—100)	2	2	—	—
Other Offences	1	1	—	—
Total	15	14	—	—

3. Home Work.

OUTWORKERS' LISTS, Sec. 107.

Nature of Work.	Lists. (Sent twice a year).	Outworkers.	
		Contrac- tors.	Work- men.
Wearing apparel :—			
(1) Making	3	1	3
(2) Cleaning and washing	—	—	—
Nets other than wire nets	—	—	—
Furniture and upholstery	—	—	—
Total	3	1	3

There were no infringements of the Acts.

4. The Registered Workshops in the District are as follows :—

Bakehouses	23	Motor and Cycle Repairs	36
Boot repairs	17	Plumbers	7
Painters	11	Blacksmiths	7
Cabinet Makers, Carpen- ters, Builders	24	Tailors	14
Dressmakers	12	Sundry Trades	74

5. Other Matters.

Class.	Number.
Matters Notified to H.M. Inspector of Factories ...	nil.
Failure to fix Abstract of the Factory and Workshop Act (Sec. 133)	nil.
Action taken in matters referred by H.M. In- spector as remediable under the Public Health Acts, but not under the Factory and Workshop Acts (Sec.5)	Notified by H.M. Inspec- tor 10
Underground Bakehouses (Sec. 101) :—	Reports (of action taken) sent to H.M. Inspector 5
Certificates granted during the year	nil.
In use at the end of the year	nil.

**PREMISES AND OCCUPATIONS CONTROLLED BY BYE LAWS
OR REGULATIONS.**

Common Lodging Houses.

There are 2 Registered Common Lodging Houses which are kept under periodic supervision, and to which 44 visits were made during the year.

Canal Boats.

No canal boats are registered, that portion of the canal within the Borough boundaries being hardly navigable.

Steps are being taken to close this portion of the canal, but the legal processes involving Parliamentary sanction move very slowly to the regret of many persons who consider the stagnant water and other contents to amount to a public nuisance.

Offensive Trades.

The number and type of offensive trades carried on in the Borough are as follows:

Fried Fish Shops	...	21	Fellmongers	...	...	2
Rag and Bone Dealers		3	Tanners	...	...	2
Tripe Boilers and Gut			Curriers and Leather			
Scrapers	...	...	Dressers	...		1
Soap Boiler	...	...		

Cowkeepers and Milksellers.

The number of Cowkeepers and Milk retailers registered in the Borough is 125.

Premises at which cows are kept, milk being sold						
wholesale	...	...	...	...	...	14
Premises at which cows are kept and from which						
milk is retailed	...	...	...	...	...	34
Premises from which milk is retailed	...	...	...	...	...	40*
Milk retailers whose premises are outside the Borough						
and retail in the Borough	...	...	...	...	...	37

*This number includes 9 who are registered to sell bottled milk only.

Samples of milk were taken by the Sanitary Inspectors for the following purposes.

Examination for Tubercle Bacilli	...	20 samples.
Pasteurised Milk for Bacteriological Count	11	„

Shops Acts.

The operation of those sections of the Shops Acts relating to temperature, ventilation and sanitary conveniences was not carried out by any systematic process of inspection. The necessity for concentrating on housing work, which is regulated by certain statutory dates, has prevented proper attention being given to Shops Acts work.

There were 98 visits or inspections of shops during the year for the investigation of complaints received or other matters.

The Public Health Committee considered a report on Shops Acts administration and, towards the end of the year, approved a scheme of internal reorganisation of duties to be carried out by the Sanitary Inspectors and the Housing Inspector, together with the appointment of an extra clerk.

It is hoped during 1937 that a substantial start will be made as regards systematic inspection of shops by the Chief Sanitary Inspector who is designated as sole Shops Acts Inspector, owing to the certain amount of relief afforded him under the reorganisation of duties.

Schools.

The annual sanitary survey of all elementary schools was carried out as usual at Whitsuntide to enable repairs, alterations or other work approved, to be executed during the August holiday month.

SMOKE ABATEMENT.

The small number of works chimneys in the town, including those under the control of the Corporation, give rise to intermittent short periods of smoke emission, but none can be said to be constant offenders.

Visits or observations in connection with smoke abatement numbered 75 during the year.

SWIMMING BATHS.

The Corporation Public Swimming Baths are the only public baths in the town.

The water in these baths is adequately filtered, aerated and chlorinated and, æsthetically, is a great improvement compared with a few years ago when the water was hazy and turbid due to inadequate filtration and too infrequent changing.

A new Chlorine Ammonia plant was installed during the year.

Two samples of swimming bath water were taken monthly from July to October inclusive for bacteriological examination.

The one sample was taken from the shallow inlet end of the pool, the other sample from the deep end.

The results were as follows :—

Date.		Colony Count of Bacteria.		Presumptive Coli Aerogenes Test.
		at 37° C.	at 20° C.	
July	Shallow end	2	0	Absent from 100c.c.
	Deep end	1	1	" " "
Aug.	Shallow end	2	5	" " "
	Deep end	3	2	" " "
Sept.	Shallow end	160	314	" " "
	Deep end	314	567	" " "
Oct.	Shallow end	3	2	" " "
	Deep end	2	2	" " "

HOUSING.

Building Progress during 1936.

1.	Houses erected by Local Authority	...	...	Nil
2.	„ „ „ Private Enterprise	...	...	163

Slum Clearance (Housing Act 1930).

There were no large scale operations in respect of Slum Clearance during the year owing to the fact that the selected site for the erection of 120 houses at Wingfield Close had not been finally acquired.

Hurry, stampede or panic are good for no one, but slum clearance is one of the social services which public opinion at last admits should be delayed as little as possible. Delays there are however, and delays there will be, under the present system of control of Local Government, so that those who want to get on are frustrated or exasperated, especially when, at the present period, there is not only an armament race to face, but also a race against time for Local Authorities to obtain the building subsidy.

In matters of racing it might almost be said that if building by Private Enterprise can be compared with a flat race at Epsom, building by Local Authorities corresponds to a steeplechase at Aintree with many fences, hedges and ditches to surmount including the long water jump of Whitehall loan sanction !

The man in the street sees scores of privately built houses rising almost like mushrooms, but day in and day out unsatisfied applicants for houses, many of whom are slum dwellers, call at the Health Department, but have to be told the same answer, that building has not even yet commenced owing to delay somewhere or by some one and that they must go on waiting patiently.

Some sporadic slum clearance work has been carried out as opportunities have arisen, affecting 15 dwelling houses which were closed as unfit for human habitation.

In some cases vacant houses considered unfit were dealt with to prevent any re-occupation, whereas in other cases a vacant Council house has been allotted to a family displaced from a particular slum house as a matter of great urgency and in view of the disappointing delays in the progress of the Slum Clearance programme proper.

For the first time since the passing of the Housing Act 1930 (Slum Clearance), an owner appealed against Demolition orders made by the Town Council under Section 19 of the Act, in respect of 3 houses. The County Court Judge after hearing the appeal, himself visited the property and subsequently delivered judgment dismissing the appeal, giving as his view and interpretation of the Act that the Local Authority were entitled to consider not only the building as such, but also the general amenities of the neighbourhood.

Housing Act 1935 (Overcrowding).

At the end of 1935 work was in progress in connection with the measuring up of rooms of 833 houses in which overcrowding was suspected, as revealed by the preliminary survey. This particular phase of the work was completed during the early part of the year 1936 and a report on the findings of the completed survey was transmitted to the Minister of Health before April 1st.

At the time of the survey (November, 1935), there were 9600 dwelling houses in the town of which number 6229 or approximately two thirds of the total were regarded as working class houses and were enumerated.

Preliminary findings were that there were :

- (a) 200 definite cases of overcrowding.
- (b) 633 suspected or possible cases of overcrowding.

These preliminary findings formed the basis for further action and more detailed work which was involved in connection with these 833 definite or possible cases of overcrowding.

Each of these houses had to be visited by a Sanitary Inspector whose duty it was to take accurate measurements of every habitable room as well as obtain further details of the age (in years and months), sex and name of each occupant.

The measurements of rooms thus obtained enabled calculations to be made in order to determine how many of the 633 possibly overcrowded houses were actually overcrowded. It turned out that 118 of the 633 were overcrowded.

The final and total figures of the survey may be tabulated thus:—

Number of working class houses surveyed	...	6229
" " " " " overcrowded	...	318
Percentage of overcrowded houses	... ..	5.1

The distribution of this statutory overcrowding in the respective Wards was as follows:—

WARD.	NO. OF WORKING CLASS HOUSES SURVEYED.	HOUSES OVERCROWDED.	PERCENTAGE OF Overcrowding
Abbey	... 296	8	2.7
Belle Vue	... 727	26	3.5
Castle Fields	... 924	63	6.8
Castle & Stone	... 214	4	1.8
Coton Hill	... 625	14	2.2
Ditherington	... 1034	62	6.0
Kingsland & Coleham	254	15	6.0
Meole Brace	... 522	20	3.8
Monkmoor	... 587	45	7.6
Quarry	... 295	20	6.8
Welsh	... 751	41	5.5
	<hr/> 6229	<hr/> 318	<hr/> 5.1

The Ward distribution of overcrowding includes overcrowding found to occur in Council Housing Estates which are situated in 6 of the 11 Wards.

It was found in fact that over one third of the ascertained statutory overcrowding in the town occurred in Council houses, there being 112 overcrowded Council houses out of the total number of 318 overcrowded houses.

This revelation somewhat shocked some people, but the reasons are simple. It points to two things (1) that the Local Authority has been doing its duty by always giving preference to the larger families, (2) that the restriction of the size of certain Council houses by the Ministry of Health on the grounds of economy is a factor.

Whatever the causes may be however, it is more satisfactory that the 112 overcrowded families in Council houses should have spent their time being statutorily overcrowded in hygienic houses rather than in their former dwellings.

Having ascertained the degree and the whereabouts of overcrowding in the town it follows that an estimate of new housing requirements to effect an abatement of overcrowding must be made.

In estimating the need for new accommodation consideration should be given to the amount of accommodation already existing which would be available for re-housing as a result of displacements, and the amount of accommodation found at the time of the survey to be vacant. Such considerations are however, of a somewhat theoretical nature as they will have to be based on the interchange of dwellings by overcrowded families, upon the acceptance by private landlords of all tenants proposed by the Local Authority and upon the ability of all tenants to pay the rent for the alternative accommodation proposed.

It will be realised that this is a highly hypothetical set of circumstances upon which to base the need for new accommodation to abate overcrowding, but no other method is available.

The estimated needs for Shrewsbury were worked out theoretically to cater for every case of ascertained overcrowding and may be condensed in order to show how the preliminary proposals submitted to the Minister of Health were arrived at.

There were 318 cases of overcrowding, 112 being in Council houses and 206 in privately owned dwelling houses.

In order to re-house the overcrowded families living in Council houses, it would be necessary to offer them as "suitable alternative accommodation" another Council house.

It was necessary, therefore, to determine (a) how many existing overcrowded Council houses would be rendered available for interchange, (b) how many new Council houses would have to be built.

It was found that Council house overcrowding could be abated by the interchange of 33 families and the provision of 79 new dwellings, leaving 79 Council houses vacant for the re-housing of certain overcrowded families in privately owned houses.

Of the 206 privately owned overcrowded dwellings 79 were classed as unfit for human habitation, which number of houses could be replaced by building an equivalent number under Slum Clearance procedure.

In theory, therefore, overcrowding could be abated in 270 out of the total of 318 cases by (1) interchanging 33 Council house tenants, (2) building 79 new houses for overcrowding, (3) building 79 new houses for overcrowded slums, (4) allotting 79 vacated Council houses to overcrowded families living in privately owned houses.

There is a balance of 48 cases of overcrowding still unrelieved which in theory might be accounted for by (a) allowing for 20 vacant houses, (b) by possible interchange of 17 cases in privately owned houses, (c) by building a further 11 houses.

The total minimum requirements in terms of new houses to be provided, to abate all overcrowding on theoretical grounds, would be to build, 90 houses (79 + 11), for overcrowded families in fit houses, and 79 houses, for overcrowded families in unfit houses, making a total of 169 houses.

It has to be realised however, that the system of interchange of tenants and utilisation of existing accommodation may break down in any or all of the following 70 cases. Allowances were made to interchange 33 Council house tenants, that 17 cases might be interchanged by private owners and that 20 privately owned houses vacant at the time of the survey might possibly be used subsequently for abatement of overcrowding.

The particular 20 vacant houses are probably no longer available even now; there is only persuasion or co-operation available between private landlords and a Local Authority and no coercion or control, and finally it may be very undesirable to re-house in a different locality all of the 33 Council house tenants whose overcrowding can be abated by interchange in Council houses.

It was decided therefore, that as a matter of prudence provision might be made to cater for about half of these 70 doubtful cases by adding on 30 houses to the minimum theoretical number of 90 houses to be built for abatement of overcrowding in fit houses, giving a total of 120 houses.

Adding on the 79 overcrowded unfit houses to the 120 overcrowded houses gives a total of 199 houses required to abate all overcrowding from a practical point of view and a report on the findings of the survey and preliminary proposals on the above terms were submitted to the Minister of Health.

At a later date in compliance with the terms of the Act more definite proposals were submitted, the preliminary proposals having to be modified in view of Circular 1539, which stated that as far as Local Authorities were concerned strict account must be taken of the standard of re-housing accommodation laid down in Sec. 37 of the Housing Act 1930. The final proposals consisted in building 102 four bedroomed houses for the abatement of overcrowding.

As the estimated number of cases of overcrowding on the "appointed day" (July 1st 1937), would be 325, it is obvious that the above building proposals do not give a complete picture of action proposed to be taken.

In addition, therefore, to building 102 four bedroomed houses the following programme is proposed.

1. To appropriate 40 four bedroomed houses to be built under Slum Clearance programme at Wingfield Close.
2. To allocate 10 four bedroomed houses and 12 three bedroomed houses at New Park Close for abatement of overcrowding.
3. To interchange 13 Council house tenants.
4. To use 64 vacated Council houses for overcrowded families in privately owned houses.
5. To build 84 houses under Slum Clearance to abate overcrowding in unfit houses.

In considering the question of the erection of the large number of 102 four bedroomed houses careful thought must be applied. Apart from the fact that it is obviously undesirable, if avoidable, to mass 102 four bedroomed houses in one colony, other considerations have to be borne in mind.

By the terms of the Act alternative accommodation proposed or offered by a Local Authority in order to abate existing overcrowding must be suitable not only as regards size of accommodation and rent, but also as regards situation in relation to place of work of the proposed tenant.

The acquisition of sites for housing purposes of the working classes is not becoming an easier task, so that it is no longer possible to secure suitable land except towards the periphery of the town.

A site at Heath Gates was secured some time ago for the erection of the balance of houses under the Slum Clearance programme and when provision had also to be made for a building programme to abate overcrowding, negotiations were commenced for the purchase of a site at Crowmoor.

In view of the above observations as to the undesirability of massing all overcrowded families in one new Housing Estate, it has been decided to split up the two new sites so that each will contain houses for Slum Clearance purposes and houses for the abatement of overcrowding.

The Council may be reminded that the Slum Clearance programme contemplates the provision of 220 new houses for which subsidy will be available if completed before December 31st, 1938.

If the 102 houses for abatement of overcrowding is added to this number, it will be seen that the total building programme is one of 322 houses.

The present scheme of allocation of houses for the two purposes as between the two new sites is as follows.

Proposed Distribution of New Building Programme.

TYPE OF HOUSE.	PURPOSE.	HEATH CROWMOOR.	
		GATES.	
Four bedroomed houses	Overcrowding only	37	73
" " "	Overcrowded Slums	15	3
Three " "	" "	28	15
" " "	Slum Clearance only	—	31
Totals		80	122

By dividing up the needs in this way the distribution of four bedroomed Council houses in the town will be evened out, so that in the respective areas of the town the following provision will have been or will be made.

Distribution of Four Bedroomed Council Houses.

DITHERINGTON AREA.			MONKMOOR AREA.		
Heath Gates	...	52 houses.	Crowmoor		76 houses.
Wingfield Close	...	40 ..	Gwyn Close	4	..
New Park Close	...	14 ..			
White House Gardens		6 ..			
		-----			-----
		112			80
		-----			-----

The date on which the overcrowding provisions of the Housing Act 1935 are to come into operation has been fixed by the Minister of Health for the Borough of Shrewsbury as July 1st, 1937.

In the meanwhile the Sanitary Inspection Staff are occupied with measuring up all the working class houses in the town so that the permitted number of occupants can be ascertained and be available for the information of landlords and occupiers.

The Housing Inspector who is concerned solely with work in connection with Council houses assisted the Chief Sanitary Inspector in the measurement of Council houses.

Supervision of Council Houses.

The second year's work of the fully qualified Sanitary Inspector who was appointed as Housing Inspector to inspect Council houses systematically and to supervise repair work has shown the appointment to be fully justified.

It was reported last year that owing to other calls on his time he had not been able to carry out to an extent desired the work for which he was primarily appointed, namely the routine inspection of Council houses. During the year under review he has been able to double the number of these inspections as compared with the previous year.

In the present year as a result of a re-allocation of duties among the Sanitary Inspection staff it is probable that he will be able to still further increase this side of his work.

Report of the Housing Inspector.

The following is a summary of the work carried out during the year :—

Total number of visits and inspections as detailed below	2991
This number is made up as follows :—	
Visits investigating complaints of disrepair, supervising repairs and inspecting completed work	1577
Routine Inspections of occupied Corporation houses ...	544
Vacant house inspections	43
Visits in connection with fumigation of verminous houses	76
.. on complaint of vermin	39
.. in connection with keeping of pigeons	5
.. .. accumulations of refuse, etc.	7
.. re the supply of Sanitary Bins (excluding the number of bins supplied direct by the Refuse Foreman)	29
.. re defective or choked drains	274
.. .. the erection of new/or demolition of old sheds	62
.. .. defective paths, gardens, hedges, fences, etc.	145
.. .. contraventions of Sub-letting Agreement ...	17
.. and Inspections re the transfer of families to larger type houses, or different Estates	19
.. and Inspections in respect of Application for a Corporation house	115
.. re other Housing matters	39
Total ...	2991

Housing Statistics.

1.—Inspection of Dwelling-houses during the year.

(1) (a)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	385
(b)	Number of inspections made for the purpose	3328
(2) (a)	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	44
(b)	Number of inspections made for the purpose	175
(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	22
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	363

2.—Remedy of defects during the year without Service of formal Notices :—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	318
--	-----

3.—Action under Statutory Powers during the year :—

A.—Proceedings under sections 17, 18 and 23 of the Housing Act, 1930 :

(1)	Number of dwelling-houses in respect of which notices were served requiring repairs	Nil
(2)	Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a)	By owners	Nil
(b)	By local authority in default of owners	Nil

B.—Proceedings under Public Health Acts :

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	I
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) By owners	I
(b) By local authority in default of owners ...	Nil

C.—Proceedings under sections 19 and 21 of the Housing Act, 1930 :

(1) Number of dwelling-houses in respect of which Demolition Orders were made	8
(2) Number of houses in respect of which an undertaking was accepted under subsection (2) of Section 19 of the Housing Act, 1930 ...	7
(3) Number of dwelling-houses demolished in pursuance of Demolition Orders	32

D.—Proceedings under section 20 of the Housing Act, 1930 :

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	I
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	Nil

4.—Housing Act, 1935—Overcrowding.

(a) (i) Number of dwellings overcrowded at the end of the year	330
(ii) Number of families dwelling therein ...	362
(iii) Number of persons dwelling therein ...	2406
(b) Number of new cases of overcrowding reported during the year	21
(c) (i) Number of cases of overcrowding relieved during the year	13
(ii) Number of persons concerned in such cases	94

- (d) Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding ... Nil

INSPECTION AND SUPERVISION OF FOOD.

Milk Supply.

The work in connection with the milk supply of the town may be summarised as follows :—

Inspection of Cowsheds, Dairies and Milkshops.

The Sanitary Inspectors made 177 visits or inspections as follows :—

Inspection of Milkshops and Dairies	...	...	34
„ „ Cowsheds and Dairy Farms	...	...	76
Street work in connection with Milk and Dairies			
Acts or Orders	...	...	67

Verbal warnings or advice were given in 23 cases, resulting in remedy of the condition to which attention had been drawn.

Improvement in the sanitary condition of Milkshops, Dairies and Cowsheds was effected in 4 cases.

Milk Sampling.

Samples of milk were taken for the purpose of (a) Chemical analysis, (b) Examination for Tubercle bacilli, (c) Bacteriological examination in the case of Designated milks ; the results being set out under their respective headings.

Chemical Analysis.

The Sampling Officer took 65 samples of milk during the year the results being set out in the following table.

Food and Drugs Acts—Analyses of Milk Samples.

Number of samples.		Result of Analysis.	Remarks on samples returned as "Not genuine."
Formal.	Informal.		
			<ol style="list-style-type: none"> 1. Contained 3.5% of added water. 2. Contained 4.7% of added water. Same vendor as 1. "Appeal to Cow" taken and found genuine. Vendor prosecuted, but case dismissed. 3. Deficient of 5.7% of fat. "Appeal to Cow" taken and found genuine. Vendor cautioned by letter. 4. Deficient in solids not fat 1.9%. No evidence of added water. Vendor cautioned by letter. 5. Deficient in solids not fat 2%. No evidence of added water. Re-sampled and found genuine.
		Formal { 47 genuine. 11 not genuine.	<ol style="list-style-type: none"> *6. Deficient of 5.7% of fat. 7. Deficient of 3% of fat. Vendor cautioned by letter. Re-sampled and found genuine. *8. Deficient of 6.3% of fat. *9. Deficient of 6% of fat. From same vendor as 6 and 8. "Appeal to Cow" taken and found genuine. Vendor cautioned by letter. 10. Deficient of 1.2% in solid not fat. No evidence of added water. Re-sampled and found genuine. 11. Deficient of 3% of fat. No action taken.
58	7	Informal { 4 genuine. 3 not genuine.	<ol style="list-style-type: none"> 1. Deficient in solids not fat 4.1%. From same source as Nos. 1 and 2 above. 2. Contained 7% of added water. Formal sample taken and found genuine. 3. Contained 4% of added water. Formal sample taken and found genuine.

Examination for Tubercule Bacilli.

Random samples of milk are taken by the Sanitary Inspectors from milk vendors during their rounds, and these samples are submitted to Birmingham University for examination by the guinea pig inoculation test.

Of the 20 samples submitted, 18 were negative and 2 were positive.

Bacteriological Examination of Designated Milks.

Pasteurised milk under licence is supplied to elementary school children under the Milk in Schools Scheme of the Milk Marketing Board, as well as to the general public.

The number of samples of this Pasteurised milk submitted for examination was 11 and in each case the results were satisfactory and well above the standard.

Milk (Special Designations) Orders 1923 and 1936.

In June 1936 the Milk (Special Designations) Order 1936 replaced the Order of the same name of 1923.

One effect of the new order was the alteration in the nomenclature of Designated Milks.

Certified Milk of the 1923 Order becomes Tuberculin Tested Milk in the 1936 Order.

Grade A. Milk of the 1923 Order becomes Accredited Milk in the 1936 Order.

Pasteurised milk remains as before.

The only designated milk produced in the Borough is Accredited milk and there are 10 licenced producers of this type of milk.

Tuberculin tested, and Pasteurised milks are also retailed in the town, the place of production being elsewhere.

One licence to retail Pasteurised Milk was renewed as also was a licence to retail accredited milk bottled in Staffordshire.

Public Health (Condensed Milk) Regulations 1923 and 1927.

Three samples of Condensed milk were taken. One sample was genuine. Both the other samples were deficient in fat and in milk solids including fat. They were samples of an imported Danish condensed milk. The facts were reported to the Ministry of Health.

Public Health (Dried Milk) Regulations 1923 and 1927.

No action was taken.

Artificial Cream Act 1929.

No action was taken.

A stranger to our shores or a visitor from Mars who might happen to pick up these pages on Milk would gather that from the space devoted to it in print it must be an important substance and a somewhat strange one in that it was described in so many different forms. Both of these conjectures would be correct. A little further on in this Report he might read about Coffee or Tapioca, but would find that they retained their single blessedness and had not had attached to them any encumbering accompaniments. On reflection he might surmise that all three substances had their use as foodstuffs of human beings, but that milk was different from the others because so much more attention was paid to it. Again this visitor would be correct in his contemplative wonderment, and he would not be enlightened much, any more than is the bewildered layman of to-day, who is exhorted to "Drink more milk" and yet at the back of his mind is suspicious even after allowing for his feeling that doctors may be faddists where milk is concerned.

Perhaps a statement of views may not therefore be out of place.

Cow's milk cannot be described as a natural foodstuff of man ; it is not even a natural foodstuff for the adult of its own species when calf love for it has been replaced in the natural order of things by other substances.

Man to-day however, under civilised conditions, does not live on natural foodstuffs alone and so we can accept cow's milk as an aid to our well being because it has excellent food value and, moreover, it is a far better food than many of the sophisticated articles of nutriment which commercialism caters for the credulous and the unthinking, and is therefore preferable.

Unfortunately, however, cows do not live an entirely natural life since the days of their domestication, being housed often under unsatisfactory hygienic conditions and often being wrongly fed when pasture feeds are insufficiently available.

In addition the unnatural state of being in a chronic condition of lactation is by a process of appropriation, depriving the cow herself of certain elements derived from her dietary which normally would be used by her for general constitutional purposes to enable her to remain healthy and resist disease. Milk Recording Societies may do good if they help to educate the farmer to improve the yield of his herd by balanced feeding of the cows, but an undue strain on the function of lactation may so impoverish the victim that disease will find an easier foothold in the long run.

For the above reasons, among others, cows become diseased and one of the most prevalent and chronic diseases is that of Tuberculosis. The milk of a cow suffering from this disease is directly infected with Tubercle bacilli if the site of the disease is the udder or in a generalised infection of the blood stream. The milk may be infected indirectly by Tubercle Bacilli coughed up from the lungs and broadcast in the cowshed or by dung

contamination of the milk in the process of milking, which dung may contain Tubercle bacilli coughed up and swallowed by the cow.

In addition to milk being infected by the animal itself, it may also be infected from human sources in the process of production at any point from the cowshed to the consumer.

That, briefly is the black side of things, but they are facts that have to be faced and that is why action is necessary for the protection of the public health.

The Medical profession are aware of the value of milk and would like to wholeheartedly encourage its increased consumption, but they are also aware of potential harmfulness, and criticisms they make or advice they give are primarily for the welfare of their patients and ultimately for the good of the farmer.

To-day there is a very distinct improvement in the quality and the methods of production of milk, but the present condition of things would never have been reached if the farmer had been left to his own devices. There is a great deal more yet to be done and until that distant day when all milk sold for human consumption is pure and safe, complacency must be replaced by control and vigilance.

Hence it is that designated milks have come about with their none too happy choice of description and as the title of each type of designated milk does not explain everything, a few words about their respective merits and uses might be helpful.

The highest grade of milk is now known as Tuberculin Tested milk. It is a milk produced under very clean conditions and it comes from cows that have all passed the tuberculin test and should be entirely tubercle free. Some medical men are of opinion that this milk even should be heat treated, because though free from tuberculosis, it may carry the germs of undulant fever and may be contaminated during milking or bottling.

However, this may be, it may be regarded under present circumstances as the milk of election for babies. It is raw, it is clean and its vitamin content is unaltered. Babies rarely contract those diseases such as scarlet fever, diphtheria, typhoid or undulant fever to which children and grown ups may be susceptible.

It is this grade of milk which is used and supplied to infants and children under the Shrewsbury Maternity and Child Welfare Scheme.

Pasteurised milk is another graded milk which as its name implies has been subjected to heat treatment to destroy pathogenic organisms. It is admitted by fair minded persons that the heat process does partially destroy one vitamin, it may modify though not destroy other vitamins, and it alters some of the mineral constituents of the milk. On the other hand it renders the milk free from disease producing germs, provided the actual pasteurisation process is properly performed.

This milk can be consumed by infants if care is taken to replace lost or reduced vitamins by suitable substitutes such as orange juice or cod liver oil, and it most certainly can be consumed by elder children and adults who are taking other food-stuffs as well as milk and can easily, without having to make any special provision, obtain their vitamin supply from butter, eggs, vegetables, fruit, fish and the rest.

There is no need, therefore, to worry much about possible loss of vitamins in pasteurised milk when it is not the sole article of diet.

It is this grade of milk that has been selected and is supplied to Shrewsbury elementary school children under the Milk Marketing Board's Scheme. It is safe milk, and its nutritive value is little less than that of raw milk.

There are two parrot phrase criticisms against Pasteurised milk, the one being that if in any case it is going to be heat treated to destroy germs, less care will be taken to produce it

cleanly, the other being that to render the milk germ free is going to rob people of the chance of becoming immunised against certain germs by imbibing them with milk.

In answer to the first criticism it may be replied that in any properly conducted Pasteurising Dépôt, samples of incoming milk are taken for bacteriological examination and if found to be below a standard can be rejected or the farmer warned. With regard to the other hypothetical surmise there might be some justification if one could control not only the dose of organisms imbibed, but also the type of organisms infecting the milk. In the case of tuberculosis there is a human type and a bovine type caused by bacilli of different characteristics, and it cannot be proved or stated with any confidence that immunisation by the bovine type of bacillus is going to protect against the human type of tubercle bacillus.

It is a dangerous doctrine therefore, to leave things to chance on such flimsy suppositions and guess that some persons may become immunised ; it has to be remembered that tubercle infected milk kills some, maims many for life and induces suffering to others who may only be restored to health after much expense and treatment.

Pasteurisation would never be necessary if the source of supply—the cow, could be guaranteed disease free and if the methods of production of milk were fool proof against contamination. It is a temporary expedient until healthy herds have been built up, until cowsheds and dairies are all hygienic and until the farmer, the farm worker and the dairy maid have all been educated up to higher standards of cleanliness and conscientious behaviour, satisfied that they are serving their country well by providing an excellent food for infants and young children whose development will not be impeded by unnecessary disease.

The third type of designated milk is known as Accredited Milk. This is a clean milk, but it is not necessarily a safe milk. It has to be produced in a clean manner so as to conform to certain bacteriological standards, but it is not derived from

tuberculin tested herds. The herds are examined clinically by a veterinary surgeon in order to attempt to discover tubercular infection.

A doctor dealing with human beings, even with the aid of a stethoscope or X-rays, cannot always discover Tuberculosis in its early stages and much less is a Veterinary Surgeon with instruments of less precision able to detect this disease in cattle. In between his periodic examinations a cow with an undetected tubercular lesion may have developed the disease rapidly and extensively and have infected not only the milk, but the rest of the herd.

Accredited milk is a great improvement, but it is really raw milk that is as clean as milk for human consumption ought to be and there is nothing very wonderful or virtuous about it.

We come at last to ordinary milk that is not included among its graded relations. It may on the one hand be as clean and pure or even more so than the highest graded milk, on the other hand it may be nothing more than what has been termed "white washed sewage".

There should be no benefit of the doubt however. It should be boiled before consumption.

Meat.

With the exception of two small private slaughterhouses, all slaughtering is carried on at the Public Abattoir, under the direct supervision of the whole time Superintendent, who is a qualified Meat Inspector and inspects all slaughtered animals.

The improvements and recent extensions at the Abattoir continue to give satisfaction.

No complaints of nuisance were received during the year.

The work carried out at the Abattoir during the year was as follows :—

Public Abattoir.

Animals slaughtered.

Beasts	...	...	...	4124
Calves	...	...	...	1666
Sheep and lambs			...	18420
Pigs	...	...	...	9478
Total				33688

The following casualty carcasses were also brought in for inspection.

Beasts	...	...	...	15
Calves	...	...	...	19
Sheep and lambs			...	150
Pigs	...	...	...	77
Total				261

Diseased and unsound conditions found in the animals dealt with, caused the detention and surrender for destruction of a total weight in carcasses and offal of 14 tons, 7 cwts., 3 qrs., 16 lbs., of which are given in the following table.

Abattoir :			Carcasses.	Offal.	Total in lbs.
Beef	...	...	lbs. 11500	7632	19132
Veal	...	...	793	99	892
Mutton and lamb			2456	1041	3497
Pork	...	...	6966	1557	8523
Private slaughterhouses :					
Beef	...	...	—	200	200

Particulars of the diseased conditions found are set out in the following table:—

				<i>Cattle.</i>	<i>Calves.</i>	<i>Sheep and Lambs.</i>	<i>Pigs.</i>
Tuberculosis : Localised	...	...	...	47	—	—	209
Generalised	...	...	...	11	—	—	12
Sepsis	...	...	...	3	7	10	3
Hydræmia	...	...	...	—	3	—	—
Swine Erysipelas	...	...	...	—	—	—	3
Johnes Disease	...	...	...	2	—	—	—
Scour Fever	...	...	...	—	—	1	—
Pneumonia	...	...	...	—	8	1	1
Uræmia	...	...	...	—	—	—	1
Septic Metritis	...	...	...	1	—	—	—
Septic Pericarditis	...	...	...	1	—	—	—
Emaciation	...	...	...	1	9	—	—
Black Quarter	...	...	...	1	—	—	—
Pyæmia	...	...	...	1	—	—	—
Septic Nephritis	...	...	...	—	—	—	1
Jaundice	...	...	...	—	—	—	1
Miscellaneous	...	...	...	—	29	1	2

Food and Drugs (Adulteration) Act 1928 and Public Health (Preservatives, etc., in Food) Regulations, 1925 to 1927.

Under the above Act or Regulations 41 samples of various foodstuffs were taken and submitted to the Borough Analyst.

One sample of Tapioca was found to consist of 80 parts Tapioca and 20 parts sago. The vendor was cautioned by letter.

With the exception of two samples of condensed milk mentioned in a previous section, the remaining samples were genuine.

Articles.	Number of Samples.		Result of Analysis.	Remarks.
	Formal	Informal.		
apioca	3	—	Two genuine, foreign ingredients "Nil." One not genuine. Tapioca 80 parts, Sago 20 parts. Sample contained 20% of Sago.	Vendor cautioned by letter.
rtter	4	—	Genuine, foreign ingredients "Nil."	
usages	5	4	Formal, one unlabelled contained Sulphur dioxide 14 parts per million. Remainder genuine.	Cautioned by letter.
ed	5	—	Genuine, foreign ingredients "Nil."	
stard Powder	—	1	"	
ese	5	—	"	
fee	2	—	"	
eam	1		"	Fat 53.5% ; 50.5% ; 55% ; 59.3% ; 22%.
k-raising our	3	—	"	
ound Almonds	—	1	"	
ndensed Milk	1	2	Informal, one genuine. Informal, one deficient 0.1% of fat and 0.7% in milk solids including fat. Formal, one deficient 0.2% of fat and 0.7% in milk solids including fat.	From same vendor. Imported Danish. Vendor cautioned and reported to Ministry.

The following foodstuffs, other than meat, being unfit for human consumption, were voluntarily surrendered for destruction.

Fish	...	...	731 lbs.
Eggs	...	...	472.
Nuts	...	...	6½ cwts.
Potatoes	...	...	26 ..
Fruit	...	...	426 lbs.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

Notifiable infectious diseases were not unduly prevalent during the year, the incidence being much the same as in the previous year, which was below the average of recent years.

Erysipelas, Scarlet Fever and Diphtheria gave rise to the greatest number respectively of notified infectious diseases.

Whereas Erysipelas, which may be described as a Streptococcal skin infection as compared with Scarlet Fever in which the portal of entry of Streptococci is the throat, appears to show an increased incidence, in recent years, Scarlet Fever on the other hand is on the ebb locally.

Erysipelas usually attacks adults and more particularly elderly adults, whereas Scarlet Fever is more often met with in young children and adolescents than among adults.

There have been more than double the number of cases of Erysipelas in each of the last 3 years compared with the average of the ten preceding years.

There were 25 notified cases of Erysipelas in 1936, compared with 15 cases in 1935, and 30 cases in 1934.

Scarlet Fever was notified in 31 cases compared with 33 cases in the previous year and with an average of 70 for the immediately preceding years.

In comparing the incidence of these two allied diseases it may be noted that the incidence of Erysipelas has doubled during the same period that the incidence of Scarlet Fever has been halved.

The type of Scarlet Fever remains mild. Of the 31 cases notified, 30 were removed to the Isolation Hospital.

There were no deaths.

Diphtheria gave rise to 36 cases as compared with 31 cases in the previous year.

They were all removed to the Isolation Hospital and there were 2 deaths.

The type of infection was mild.

At the beginning of the year the Scheme for Diphtheria Immunisation described in last year's Report, was put into operation.

Free immunisation was offered for those children between the ages of 1 year and 12 years whose parents income did not exceed £250 per annum.

The facilities offered were advertised in the local press and permanent notices are displayed at Welfare Centres, but otherwise no propaganda was indulged in.

The public response has been very poor and is attributable to apathy and the fact that the disease being out of sight is also out of mind.

The scheme itself appears to have worked quite satisfactorily for those who took advantage of it, and no modifications for the future are at present proposed.

The results of the year's work may be set out as follows :

Immunising Material	Cases Immunised	Posterior Schick Tests	Schick Negative	Schick Positive	Not Schick Tested
3 injections of T.A.M.	162	155	148	7	7

These results show (1) that the immunising material used produced immunity in 95% of cases and therefore can be regarded as reasonably satisfactory, (2) that the adoption of the Posterior Schick test is of value, not only as a control of the effectiveness or otherwise of the immunising material used, but for the protection of individual children who in the absence of this Schick Test might be regarded as immune when they were not.

Those children found to be Schick Positive were given a further injection or injections of T.A.M. and will be re-Schick tested subsequently.

There were no cases of Smallpox or Typhoid Fever and only 1 case of Cerebro-Spinal Meningitis.

Monthly Incidence of Infectious Diseases Notified 1936.
(Not including Tuberculosis).

Month.	Erysipelas.	Ophthalmia Neonatorum.	Pneumonia.		Puerperal Fever.	Puerperal Pyrexia.	Scarlet Fever.	Diphtheria.	Cerebro Spinal Meningitis.	Acute Poliomyelitis
			Prim-ary.	Influ-enzal.						
Jan. ...	2	—	2	—	—	—	1	—	—	—
Feb. ...	5	1	4	6	1	—	3	3	—	—
March	5	—	1	—	—	—	1	6	—	—
April	1	—	—	—	—	—	—	5	—	—
May ...	3	—	1	—	—	—	3	—	1	—
June ...	2	1	—	—	—	1	6	7	—	1
July ...	2	—	—	—	—	—	1	—	—	—
Aug. ...	1	—	—	—	—	—	2	1	—	—
Sept. ...	—	—	2	—	—	1	5	2	—	—
Oct. ...	1	1	—	—	—	—	5	8	—	—
Nov. ...	2	—	1	—	1	—	3	4	—	—
Dec. ...	1	—	5	3	—	2	1	—	—	—
Totals	25	3	16	9	2	4	31	36	1	1

The case rates of certain infectious disease per 1,000 population were as follows :

	Scarlet Fever	Diphtheria	Enteric Fever	Erysipelas
England and Wales ...	2.53	1.39	0.06	0.40
SHREWSBURY ...	0.80	0.96	0.00	0.66

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1936.

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED.														Number of Deaths.	Total Cases removed to Hospital	
	At Ages—Years.																
	At all Ages.	Under 1	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 65	65 & upwards.			
Small-pox
Diphtheria...	35	...	1	2	1	4	18	8	...	1	1	...	...	...	2	36
Erysipelas ...	25	1	...	...	...	...	1	1	1	...	5	13	3	...	3	9
Scarlet Fever ...	31	...	2	...	4	3	14	5	1	1	1	...	...	...	...	30
Typhus Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever ...	2	...	...	...	...	...	...	...	...	2	...	...	...	...	...	2
Puerperal Pyrexia ...	4	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...
Ophthalmia Neonatorum	3	5	...	...	...	...	...	...	...	...	...	...	...	...	...	3
Poliomyelitis ...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Pneumonia, Acute Primary	16	...	...	1	...	...	1	...	4	4	1	5	...	...	4	...
Do. Acute Influenzal	9	2	1	...	...	...	...	...	...	...	3	2	1	...	1	...
Cerebro-Spinal Fever ...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Encephalitis Lethargica	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Polio-Encephalitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Malaria ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	128	6	4	3	5	7	35	14	6	13	11	20	4	...	10	82	

The death rates per 1,000 population during 1936 from the principle infectious diseases are given in the following table

	Enteric fever.	Measles.	Scarlet fever.	Whooping Cough.	Diphtheria.	Influenza.
England & Wales	0.01	0.07	0.01	0.05	0.07	0.14
122 Great Towns	0.01	0.09	0.01	0.06	0.08	0.14
143 Smaller Towns	0.00	0.04	0.01	0.04	0.05	0.15
London	0.01	0.14	0.01	0.06	0.05	0.14
SHREWSBURY	0.00	0.08	0.00	0.05	0.05	0.18

THE ISOLATION HOSPITAL.

The Isolation Hospital administered by the Shrewsbury and Atcham Joint Hospital Board is situated at Monkmoor, 2 miles from the centre of the town, in approximately 5 acres of grounds.

The population of the area constituting the district of the Joint Hospital Board is approximately 56,000.

The number of beds now available is 45, which is exclusive of a small ward of 3 beds which is generally kept empty for use as an operating theatre when required.

The open air shelter which was provided some years ago to serve a double purpose as a shelter for convalescent patients or as an emergency overflow ward was, during the year, completed for use as a ward at all times of the year, except for a permanent heating installation, by the addition of a sanitary annexe and of folding doors along its entire front.

When a proposed block of additional cubicles to be erected alongside this open air ward takes place, it will be possible to extend the heating system of the former to the latter.

Patients are admitted to the Hospital from the following areas (1) Borough of Shrewsbury, (2) Atcham Rural District, (3) 18 districts in the County of Salop, (4) the County of Montgomery.

No charge is made for the maintenance and treatment of cases from the Shrewsbury or Atcham areas; patients from elsewhere are paid for by the respective Authorities or by private individuals at the rate of £3 3s. od. per week.

Cases admitted.

The total number of cases admitted during the year was 270, which is a record number in the history of the Hospital. The number of patients in the previous year was 198.

The respective number of admissions from the under-mentioned areas was as follows:—

Borough of Shrewsbury	...	...	86 cases.
Atcham Rural District	...	...	15 ..
County of Salop	...	...	118 ..
County of Montgomery	...	...	41 ..
R.A.F. Depôt. (Tern Hill)	...	...	10 ..

The diseases for which patients were admitted and the respective number of patients for each disease may be summarised as follows:—

*Scarlet Fever	...	...	...	80 cases.
*Diphtheria	...	...	...	162 ..
Diphtheria Carriers	...	...	...	4 ..
Erysipelas	...	...	...	11 ..
Measles	...	...	...	3 ..
German Measles	...	...	...	8 ..
*Cerebro Spinal Meningitis	...	...	...	1 case.
*Typhoid Fever	...	...	...	1 ..

* See subsequent heading "Revised Diagnosis".

The districts from which patients were sent together with the disease for which they were admitted are given in the following table.

Locality.	Scarlet Fever.	Diphtheria.	Diphtheria Carriers	Erysipelas.	Measles	German Measles	Cerebro-Spinal Meningitis	Typhoid Fever
SHREWSBURY	31	40	3	9	3	—	—	—
Atcham Rural District	1	13	1	—	—	—	—	—
Bishop's Castle	—	5	—	—	—	—	—	—
Bridgnorth	1	—	—	—	—	—	—	—
Church Stretton	—	2	—	—	—	—	—	—
Clun	—	12	—	—	—	—	—	—
Dawley	—	7	—	—	—	—	—	—
Ellesmere	3	15	—	—	—	—	—	—
Ludlow	—	2	—	1	—	—	—	—
Newport	—	2	—	—	—	—	—	—
Oakengates	2	23	—	—	—	—	—	—
Oswestry	7	—	—	—	—	—	—	—
Shifnal	—	1	—	—	—	—	—	—
Wellington	8	17	—	1	—	—	—	—
Wem	2	6	—	—	—	—	1	—
R.A.F. Depôt, Tern Hill	2	—	—	—	—	8	—	—
County of Montgomery	23	17	—	—	—	—	—	1
Total	80	162	4	11	3	8	1	1

Revised Diagnosis.

Of the 270 patients admitted, 27 after due observation were found to be suffering from conditions other than those for which admitted, the revised diagnosis being as follows.

REVISED DIAGNOSIS.	CONDITION FOR WHICH ADMITTED.
Acute Osteomyelitis	Scarlet Fever.
Serum Rash	„ „
Tonsillitis (3 cases)	„ „
Nephritis	„ „
Septic erythema	„ „
Tonsillitis (11 cases)	Diphtheria.
No disease (2 cases)	„
Streptococcal Pharyngitis	„
Bronchitis	„ (Laryngeal)
Quinsy	„
Vincent's Angina	„
Nasal Diphtheria Carrier	„
Lobar Pneumonia	Cerebro Spinal Meningitis.
Pleural Effusion	Typhoid Fever.

Treatment.

Scarlet Fever. There were no deaths among the 73 cases of Scarlet Fever.

Complications occurred in 22 cases and were as follows :

Cervical Adenitis	... 6 cases.	Nephritis	... 1 case.
Otorrhœa	... 6 „	Albuminuria	... 1 „
Rheumatism	... 3 „	Tonsillitis	... 1 „
Rhinorrhœa	... 3 „	Endocarditis	1 „

Scarlet Fever Antitoxin was administered in 37 cases and of these 5 cases subsequently developed complications as follows :—

Rheumatism, Endocarditis, Retro pharyngeal abscess, Otor rhœa, Cervical Adenitis.

Diphtheria. Of the 144 actual clinical cases of Diphtheria 10 died.

The following complications occurred among the 144 patients.

Cardiac affections	... 20 cases.	Albuminuria	... 2 cases.
Palatal Paralysis	... 7 ..	Cervical Adenitis	1 case.
Ocular Palsies	... 3 ..	.. Abscess	1 ..
Pharyngeal Paralysis	2 ..	Upper Eyelid	
Otorrhœa	... 2 ..	Paralysis	1 ..

The average dose of Diphtheria Antitoxin administered was 15,500 units.

Surgical Operations.

The following operations were performed by the visiting Ear, Nose and Throat Specialist attached to the Hospital.

Tracheotomy	... 1 case.
Dacro cystectomy	... 1 ..
Mastoid Operation	... 1 ..

Return Cases and Cross Infection.

Credit must be given to the Matron and her Nursing Staff in that for the second year in succession there were no cases of cross infection. In view of the small nursing staff who must necessarily occasionally relieve each other during holiday or sickness periods in wards other than their own, it is highly satisfactory that out of the 468 patients admitted during the past two years, no patient contracted another disease from another patient.

There were 5 return cases of Scarlet Fever and 1 return case of Diphtheria, giving a return case rate of 6.25 and 0.6 respectively.

Duration of Stay.

The average duration of stay of patients in Hospital was as follows :—

Scarlet Fever	...	27 days.
Diphtheria	...	26 „
Erysipelas	...	11 „
German Measles	...	7 „
Measles	...	6 „

Health of Staff.

No member of the Nursing or Domestic Staff contracted any infectious disease.

The following preventive inoculations were performed during the year.

Schick Test + Immunisation	...	1 Nurse, 1 Maid.
Dick Test	... ..	„ „
Anti Typhoid-Paratyphoid	...	2 Nurses.

Deaths.

There were 13 deaths among the 270 patients admitted, giving a mortality rate of 4.8%.

The following table gives the disease, cause of death and district from which the patient was admitted.

<i>Disease.</i>	<i>Cause of Death.</i>	<i>District.</i>
Diphtheria (2 cases)	Heart Failure	Shrewsbury.
„ „	„ „	Clun.
„ „	„ „	Montgomeryshire
„ „	„ „	Ellesmere.
„ (1 case)	„ „	Atcham.
„ „	„ „	Wellington.
Pneumonia		Wem.
Measles	Pneumonia	Shrewsbury.
Erysipelas	Uræmia	„

TUBERCULOSIS.

The Salop County Council are responsible for the administration of Tuberculosis work, but co-operation is maintained chiefly in connection with disinfection and housing matters.

The accompanying table gives the incidence of new notifications of all forms of Tuberculosis and the deaths during the year.

Tuberculosis.

Age Periods.	New Cases.				Deaths.			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0 to 1	—	—	—	—	—	—	—	—
1—5	—	—	2	—	—	—	—	—
5—15	—	1	1	3	—	—	—	—
15—25	1	3	2	3	—	2	—	2
25—35	5	1	—	1	3	2	1	—
35—45	2	3	3	1	2	2	1	1
45—55	3	2	—	1	—	—	—	—
55—65	1	3	—	—	1	1	—	—
65 and upwards ...	1	—	—	—	1	—	—	—
Totals ...	13	13	8	9	7	7	2	3

Of the 19 deaths from Tuberculosis 3, or 15.8% were not notified before death.

The Phthisis (Respiratory or Pulmonary Tuberculosis) death rate for the year was 0.37 per 1,000 population compared with 0.59 in the previous year.

Public Health (Prevention of Tuberculosis) Regulations, 1925.

It was not found necessary to take any action under the above Regulations.

Public Health Act, 1925, Section 62.

No cause for action.

NON-NOTIFIABLE INFECTIOUS DISEASES.

The prevalence of non-notifiable infectious diseases cannot be accurately ascertained, but the occurrence of such diseases among the elementary school population is of some guidance.

Measles was the predominant infection, 229 cases among elementary school children being reported. There were 3 deaths from Measles, two of them being children below two years of age.

Whooping Cough appeared in the autumn and there were 2 deaths from this disease.

There was no Influenza Epidemic.

It was again noted that among 15 different departments in the elementary schools there were 30 cases of Epidemic Catarrhal Jaundice occurring sporadically in each month of the year.

The mild infectiveness of the illness is illustrated by the fact that in the majority of cases, other members of the family were not found to have contracted the disease, whereas in one family however, 6 children suffered at intervals.

BACTERIOLOGICAL WORK.

The following work was carried out during the year in the Laboratory at the Health Centre.

Owing to the large number of Diphtheria patients treated at the Isolation Hospital, the amount of work in connection with Diphtheria swabs constituted a record.

		Number	Positive	Negative	
Swabs for Diphtheria Bacilli	From {	Isolation Hospital	1394	240	1154
		School cases and contacts	213	23	190
		Local Doctors	273	29	244
Specimens of Sputa for Tubercle Bacilli		1	—	1	
Swabs for Vincent's Angina organisms		9	2	7	

The undermentioned specimens from the Borough and paid for under the County Council Scheme were sent to the University of Birmingham for examination.

				Positive.	Negative.
Swabs for Diphtheria Bacilli ...				1	1
				(Virulence test)	
Widal Test	...	...	...	—	1
Typhoid and Dysentery	...	...	...	—	2
Cerebro spinal fluid	...	...	...	—	1
Sputum for Tubercle Bacillus	...	...	...	1	24

DISINFECTION AND DISINFESTATION.

The town does not possess a Steam Disinfector.

Any articles requiring to be disinfected by Steam are treated at the Isolation Hospital where a steam disinfector is installed, a small charge being made.

In view of the coming establishment of a Municipal Hostel for Men, and the provision that may have to be made in connection with Air Raid Precautions, it may be desirable to reconsider tentative proposals made some years ago for the provision of a Steam Disinfector for general as well as special purposes.

A summary of the work carried out by the Sanitary Inspectors in respect of infectious disease, disinfection and disinfestation work is as follows :—

Visits made in connection with Infectious disease					104	
Disinfection carried out after	{	Tuberculosis		11		
		Scarlet Fever (Home nursed cases)		3		
		Diphtheria		—		
		Other diseases		1		
Council houses treated for Bug Infestation ...				12		
Other	„	„	„	„	under	
Inspectors' supervision				9		
Disinfectant supplied for Infectious disease purposes					24	
„ „ „ „ „ cleansing of houses after flood					60	

Eradication of Bed Bugs.

The number of Council houses found to be bug infested was 12, and these as well as 9 houses belonging to private landlords were treated under the supervision of the Sanitary Inspectors.

So far no experience has been gained in Shrewsbury of the disinfestation of houses by Hydrocyanic Acid Gas.

The methods at present adopted take up a considerable amount of time and labour costs are relatively heavy. A merely superficial treatment is insufficient and as the materials at present in use for disinfestation purposes cannot be guaranteed one hundred per cent effective in reaching all bugs or their eggs, it is obvious that with this limitation in mind, the preparation of a room or a house to be disinfested must be such as will allow the material used to penetrate as far as practicable.

The following preparatory work is carried out before the process of applying lethal gases or fluid takes place.

Wallpaper if present is stripped off, door casings, architraves, skirting boards, picture rails, mantel pieces, and gas bracket are removed, floor boards are taken up or loosened in places and wall plaster is removed in places to expose laths of partition walls. After this preparation the whole room is sprayed with a certain proprietary solution. The room is then sealed and a solid compound in place of the old sulphur candle

is set to burn in the room. The room is left four hours for the vapour to find its way as far as the preparation process of opening up will allow. At the end of this period the room is re-opened for ventilating purposes.

Tenants about to be transferred from bug infested houses to new Council houses have their furniture and belongings treated in a removal van by Hydrocyanic Acid gas as described in the Report for 1935. Such work is carried out by a contractor.

MATERNITY AND CHILD WELFARE.

The only small extension brought into force during the year was the provision of an extra Ante Natal Session at the White House, so that now four Ante Natal Clinics are held monthly; on the first and third Wednesdays at the Health Centre and on the second and fourth Wednesdays at the White House.

The general work in connection with Maternity and Child Welfare continues unabated, so much so that the number of attendances at the Welfare Centres again constituted a new record figure.

The attendances during 1936 numbering 7524, were more than double those of ten years ago, when the attendances numbered 3559.

The visits paid by Health Visitors show an increase over the previous year when illness of one of the Health Visitors caused a diminution, but even so, the amount of Health Visiting during 1936 did not reach the level of some of the preceding years. The reason for this, it appears, is that a certain amount of time is taken up each morning at the three Minor Ailment Centres where the three Health Visitors respectively are attending to school children as well as to children below school age.

Although a limit of activities may have been reached with the present staff, it can hardly be said that an increase of staff is justified at present unless fresh activities are undertaken and that additional medical assistance is provided.

Your Medical Officer is so fully occupied with his varied administrative and clinical duties that he cannot undertake further work, for as things are at present, the work that is already done is carried out under constant strain.

When practicable it is desirable that a Maternity and Child Welfare Authority should also be a Local Supervising Authority of Midwives which is not the case in Shrewsbury at present, but if application to become a Local Supervising Authority should ever be re-considered, the question of staffing could be reviewed and if suitable arrangements could be made in this respect, other activities at present not undertaken could be introduced.

Visits of Health Visitors, 1936.

	Ante-Natal Visits	Under 1 year		I-5 Years Visits	Infant Death Enquiries	Still-birth Enquiries	Home Nursing.	Infant Life Protection Visits	Totals
		First Visits	Return Visits.						
January ...	89	54	238	578	3	2	—	13	977
February ...	84	38	255	482	4	1	2	8	874
March ...	91	36	227	523	3	2	—	5	887
April ...	122	48	291	616	—	2	—	6	1085
May ...	99	42	209	431	1	1	—	8	791
June ...	73	35	210	391	2	1	—	2	714
July ...	66	50	221	333	2	1	—	3	676
August ...	57	30	146	335	—	1	—	9	578
September	84	40	250	504	3	2	—	11	894
October ...	127	48	281	556	—	—	—	4	1016
November	112	39	246	507	—	3	—	10	917
December ...	85	30	279	464	—	—	—	10	874
Total ...	1089	496	2853	5720	18	16	2	89	10283

WELFARE CENTRES.

		Under 1 year		1—5 years		Expectant Mothers.	
		Health Centre	White House	Health Centre	White House	Health Centre	White House
New Cases	{ Borough ...	284		100		99	
	{ County ...	11		15		—	
Total Attendances of Old and New Cases ...		1912	1697	1974	1703	100	138
		3609		3677		238	

The amount of work done at each session may be gauged from the following average numbers.

	Health Centre.	White House.
Average attendance of Mothers each afternoon	29	52
„ „ „ Children „ „	38	64
„ number of children medically examined	26	33

(The above average numbers include mothers and children resident outside the Borough).

It would be impossible to conduct the Welfare Centres without the regular help of the Voluntary workers and very many thanks are due to those ladies who give their time to this form of social service.

The Infant Welfare Voluntary Committee, some of whose members also act as Voluntary Helpers, is doing good work unseen and to them an appreciation must also be extended.

Other activities may be summarised as follows :—

Number of Mothers who received Dental treatment	...	25		
„ „ Children „ „ „ „	...	22		
„ „ Dentures supplied to expectant or nursing mothers	... ..	6		
„ „ Children referred to Eye, Ear and Throat Hospital	... ..	11		
„ „ Children referred to Cripple Care Centre	...	3		
			Health Centre.	White House.
„ „ Children treated at Minor Ailment Clinics	... ..	72	113	
Number of Children admitted to Orthopædic Hospital	...	1		
„ „ Children referred to Doctors or Infirmary	...	8		
„ „ Cases referred to Relieving Officer	...	4		
„ „ Children under 3 years receiving Free Milk	...	100		
„ „ Expectant Mothers	„ „ „	9		
„ „ Nursing Mothers	„ „ „	57		
„ „ gallons of milk supplied	... ..	2637		
„ „ Cases admitted to Maternity Home	...	35		

The conditions for which children were referred for treatment from the Welfare Centres were as follows :—

Eye, Ear and Throat Hospital.

Squint 7 ; Tonsils and Adenoids 1 ; Otorrhœa 2 ;
Conjunctivitis 1.

Cripple Care Centre.

Flat foot 1 ; Knock knee 1 ; Overlapping toe 1.

Doctors or Royal Salop Infirmary.

Mongolism 1 ; Circumcision 1 ; Threadworms 2 ; Stomatitis and Gingivitis 1 ; Abscess of neck 1 ; Neavus 1 ;
Dactylitis 1.

Ante-Natal Clinic.

The following figures show the work that has been done :

Number of sessions held	...	...	...	...	45
Number of patients examined :	Ante-Natally	194*	{		200
	Post Natally	6*			
Total number of attendances	...	...	...	...	429*

* 18, 1, and 32 respectively of these numbers refer to women resident outside the Borough.

Of the 155 new Borough patients examined, the reference of the patients to the Ante-Natal Clinic was brought about as follows :—

<i>By whom referred.</i>	<i>For Ante-Natal Examination.</i>				<i>For Post Natal Examination.</i>
Doctors	6	2
Midwives	8	1
Health Visitors	107		2
Own Initiative	29		—

Of the 176 women examined Ante-Natally, 131 were known to have been confined during the year and the results of the confinements were as follows :—

Number of Live Births	...	...	...	...	...	126
„ „ Stillbirths	...	...	...	...	...	3
„ „ Miscarriages and Abortions	...	...	...	...	...	2
No record of birth (e.g. Left town, etc.)	...	...	...	...	...	2
Not yet confined	...	...	...	...	...	43
Confinements at own home	...	...	...	...	...	68
„ „ Royal Salop Infirmary	...	...	...	...	...	9
„ „ Maternity Home	...	...	...	...	...	54
Deaths as a result of or following confinement	...	...	...	...	...	Nil
Cases of Puerperal Fever or Pyrexia after confinement	...	...	...	...	...	Nil

Maternity Beds.

Mothers whose home circumstances are such that confinement is impossible or inconvenient owing to insufficient accommodation can be admitted by ambulance to the Maternity Wards at the County Council Hospital at Cross Houses, $4\frac{1}{2}$ miles from Shrewsbury.

All patients admitted are examined at the Ante-Natal Clinic or by their own doctors prior to admission, and they make payment towards the cost of maintenance which is £2/2/- per week, according to the family income, the sum arrived at, half of which has to be paid up before admission, being agreed upon by the patient, her husband and the Medical Officer of Health.

The number of cases admitted for confinement under the above scheme was 35, but a considerably greater number were also confined at the same Hospital having made arrangements for their admission direct.

Maternal Mortality and Morbidity.

The arrangements with the Salop County Council for the investigation of Maternal deaths remains in force.

Cases of Puerperal Sepsis or Pyrexia needing Hospital treatment are admitted to the County Council Hospital.

There were 2 notifications of Puerperal Sepsis and 4 of Puerperal Pyrexia during the year.

Both cases of Puerperal Sepsis were removed to Hospital.

Under the Puerperal Fever and Pyrexia Regulations the services of the Consultant were not required.

The services of the Obstetric Consultant were required on one occasion only.

The case rates of Puerperal Fever and Pyrexia respectively per 1,000 total births registered were as follows:—

				<i>Puerperal Fever.</i>	<i>Puerperal Pyrexia.</i>
England and Wales	...	...		3.27	9.64
122 Great Towns (including London)	...	...		3.46	9.52
143 Smaller Towns (Pop. 25,000—50,000)	...			2.80	7.57
London	...	...	...	3.03	11.15
SHREWSBURY	...	...	...	3.42	6.84

There was 1 death from Puerperal Sepsis and 3 deaths from Other Puerperal Causes.

The Maternal Mortality Rate for Shrewsbury was 6.84 compared with 5.5 and 6.2 in the previous years respectively.

The Maternal Mortality Rates of England and Wales in comparison with Shrewsbury were as follows:—

		<i>Puerperal Sepsis.</i>	<i>Other Causes.</i>	<i>Total.</i>
England and Wales	{ Per 1,000 Live Births	1.40	2.41	3.81
	{ Per 1,000 Total Births	1.34	2.31	3.65
SHREWSBURY	{ Per 1,000 Live Births	1.77	5.31	7.08
	{ Per 1,000 Total Births	1.71	5.13	6.84

Children Act 1908. Part 1. as amended by the Children and Young Persons Act 1932.

Infant Life Protection.

The three Health Visitors act as Infant Life Protection Visitors, under the same arrangements as previously reported.

The number of persons receiving children for reward on the Register at the end of the year was 24, compared with 32 at the end of the previous year.

The number of children on the Register at the same date was 29.

The number of new foster mothers approved during the year was 10, whereas registration was refused in 1 case on the grounds of unsuitability of the person applying and the proposed home.

OPHTHALMIA NEONATORUM.

The incidence and disposal of cases of Ophthalmia Neonatorum is set out in the following table :—

OPHTHALMIA NEONATORUM.

Cases.			Vision unimpaired.	Vision impaired	Total Blindness.	Deaths
Notified	Treated.					
	At Home.	In Hospital.				
3	—	3	3	—	—	—

ADOPTIVE ACTS, BYELAWS AND LOCAL REGULATIONS,
with date of adoption :—

Public Health Acts (Amendment) Act, 1890. Adopted 1905.

Infectious Disease (Prevention) Act, 1890. Adopted 1909.

Public Health Acts (Amendment) Act, 1907. Adopted 1912.

Public Health Act, 1925. Adopted February, 1927.

Byelaws with respect to Slaughterhouses. Adopted 13th
Feb., 1888.

Byelaws with respect to Nuisances in the Borough. Adopted
28th Aug., 1905. Revised 30th July, 1934.

Byelaws with respect to Common Lodging Houses. Adopted
13th Aug., 1906. Revised 30th July, 1934.

Byelaws with respect to Public Slaughterhouses. Adopted
16th Oct., 1911. Revised 30th July, 1934.

Byelaws with respect to New Streets and Buildings. Adopted
22nd June, 1877. Revised 1st October, 1936.

Byelaws with respect to Fouling of Footpaths by dogs.
Adopted 9th March, 1936.

The Borough of Shrewsbury (Water) Order 1936, (Public
Health (Water) Act, 1878, Section 6). Adopted 17th
March, 1936.

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